EVALUATION
REPORT VIP PROJECT

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EXECUTIVE SUMMARY

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The objective of this report is to present the final results of the evaluation of the project entitled "Advancing Violence and Injury Prevention in Selected Communities in the United States-Mexico Border" (known as the VIP Project) and provide suggestions to improve the project so it can be replicated in other cities along the U.S.-Mexico Border. In general terms, we conclude that the project (henceforth VIP) is in the process of articulating an intervention model focusing on violence and injury prevention and promotion of mental health. However, it is important to consider this experience in Ciudad Juárez as a pilot project, draw some lessons and identify some limitations, so as to articulate a more cohesive model that would become a more effective intervention tool.

Some VIP accomplishments must be highlighted. The first important achievement is the consolidation of the Observatory on Citizen Security and Sociability, known simply as the Observatory. The Observatory has a very impressive technical capability, which is generating capacity to acquire, process and validate data that can be transformed into knowledge of the violence phenomenon. Data is a very valuable asset that must be strengthened, because it generates resources that can ensure project sustainability. A second important accomplishment that bears stressing is the training of medical professionals on primary care of mental health issues through the MhGAP program, the training provided to mental health promoters on the subject of violence and injury prevention. Finally, workshops on crafts such as graffiti, photography, modeling clay, and screen printing workshops were an important project component, not only to ensure community involvement but also as a means of referring people to receive professional help to help them deal with mental health issues.

Reflecting on the possible synergies that the project created among its various components and objectives, we posed a key question. Is there an interrelationship among the VIP components or can they operate autonomously? We start with the assumption that a good model should create interrelationships and synergies among its components; otherwise, one can speak of programs or actions (deliberately coordinated or not) focused on a problem, but not of a model, which implies relationships among the components and the expected outcomes. We conclude that the synergies and interrelationships among the different components are weak and need to be strengthened. For instance, the likelihood that the Observatory and its main product, the Automated Indicators System (AIS), will survive beyond the time frame of the VIP project is greater than that of components related to mental health and violence and injury prevention. The main lesson here is that it is important to identify institutions that will exercise leadership to further advance the VIP initiative and make it sustainable. An academic institution is more suitable to hold leadership of the observatory because of its credibility, political stability, and technical capacity. The Ministry of Health has started to take a leading role in the topic of mental health. The State Prosecutor's office is doing the same on matters of violence and injury prevention. Leadership on mental health and violence prevention is in the process of consolidation.

Over the next paragraphs, we present the main results for each objective as well as some recommendations for project improvement.

Regarding objective one we concluded that the general objective of "strengthened capacity of local VIP institutions, including IT infrastructure; data collection and analysis; and use of evidence to advocate for public policies and programs, through multi-sectoral collaboration with federal, state and local stakeholders," and the specific objectives of: 1) consolidating the Observatory with increased institutional capacity and professional collaboration, 2) improving the technological infrastructure of the participating institutions (five institutions provide information for the AIS), and 3) strengthening technical capacity in geographic information systems (GIS) were accomplished. The AIS was expanded from an exclusive focus on road safety to include data on homicides, child abuse and violence against women (see annex 3). The main lesson that we learned from the Observatory is that, if its experience is to be replicated in other cities along the northern border of Mexico, we must identify an institution—preferably academic, so it can provide technical capacity, credibility, and stability—with the ability to provide leadership beyond the term of the project and ensure sustainability of the Observatory. We make the following recommendations:

1. Improve the Observatory website so that it reflects more clearly the true capabilities and functionalities of the AIS; its current capacity for data collection, processing, and display is much greater than the website suggests. This is one of the main accomplishments of the Project and its main calling card, which should become a communication strategy for the Observatory..
2. Increase capacity for geo-statistical analysis, as all data are currently treated as discrete variables; that is, there is no generation of surface maps or continuous variables through extrapolation techniques that would allow us to draw stronger conclusions and a better understanding of violence and its prevention. For instance, information on how traffic incident data relates to the location of hospitals and emergency vehicles can be used to assess whether current response times are acceptable based on national and international standards.
3. To develop a tool that would allow analysis at a lower scale to generate relevant information for community centers to have an overview of the target population. Simultaneously, this tool can help conduct longitudinal monitoring and evaluation of the impacts of the programs implemented.
4. Develop basic indicators that would allow longitudinal monitoring of project impacts.

Objective two has the ultimate goal of "strengthened capacity of primary care and social service providers, first responders and community organizations for the implementation of violence and injury prevention strategies, programs and services, through technical cooperation and training of trainers." The specific objectives are: a) multi-strategy, multi-media and multi-partner training on violence and injury prevention. 2) developing capacity building strategy for strengthening local primary health and social service providers, and 3) supporting community centers focusing on mental health and violence and injury prevention initiatives. The main tool for this objective was customized training focusing on mental health and violence prevention. Here it is important to highlight the training given to three key groups: health professionals, public officials, and local people as health promoters. Based on the different evaluations given in the different training workshops, stakeholder perception assessments through SWOT analysis, and testimonials of health promoters, we conclude that the general objective and the specific objectives were accomplished. We make the following recommendations:

1. Develop a comprehensive program based on a coherent curriculum in order to make training more efficient and effective. Currently, there is a variety of training activities (e.g. MhGAP, TEACH-VIP, WHO-AIMS, Citizen Safety, Mental Health), which are not articulated and require too much time and resources.
2. It is important to incorporate the family in the topics addressed, since this is not currently covered and is an important aspect of any ecological model. Furthermore, incorporate drug trafficking and organized crime to the topics of discussion—they are currently ignored.
3. Develop instruments or a strategy that would allow tracking and follow-up of people affected by the program, to enable implementation of a program impact evaluation and conclude whether violence is being really prevented.

Objective three focuses on "modify[ing] cultural norms, myths and beliefs that promote vulnerable situations and greater risk to be subject of all kinds of violence, child abuse, sexual abuse and bullying." The specific objectives are: a) to promote a cultural shift toward violence and injury prevention, in addition to personal and family wellbeing; 2) to help persons promoting violence and injury prevention strategies acquire knowledge, skills and abilities. These objectives were operationalized trough programs focusing on creation of research and evidence assessment skills (EVIPNET) and elaboration of policy briefs documenting evidence to advance public policy, as well as support of violence and injury prevention through a variety of community workshops as previously described. Stakeholder evaluations linked to the specific objective of acquiring capacity and evidence in the topic of violence and injury prevention lead us to conclude that the objective was accomplished; this was one of the main strengths of the project. The community workshops also created local capacity to address violence and injury prevention, as well as refer people to the professional help they need. However, it is difficult to conclude that the programs truly promoted a cultural change and erased myths; these changes are usually long-term and barely perceptible, and extend beyond the time frame of the program. We make the following recommendations to increase the effectiveness of this objective:

1. Implement a policy scan activity to identify and document what has been attempted and what the existing evidence is so we can avoid making the same mistakes (or duplicate what has been done) and replicate what has been tried successfully.
2. It is important that future training address not only policy, but also policy making and processes. It is important to understand how a topic is made visible and becomes part of the public agenda and debate and, eventually, how it becomes law or a program.
3. Social communication is also another component that needs to be improved. The strategy should focus on creating a program brand and being able to develop a marketing strategy to communicate the strengths and benefits of the program.

Cross-cutting analysis of the objectives shows some complementarities and synergies. We highlight the following: 1) the importance of the Observatory as a source of information inputs for the other three objectives. 2) Social communication contributes to dissemination of information on the Observatory and mental health and violence and injury prevention, as well as the policy briefs. 3) The training of mental health promoters strengthens community workshops. In summary, each objective contributed to the creation of some interrelationships and synergies to advance further toward the general goal of developing a model focused on violence and injury prevention that can replicated in other context.

INTRODUCTION

The objective of this report is to present the results of the evaluation of the project entitled "Advancing Violence and Injury Prevention in Selected Communities in the United States—Mexico Border" (known as the VIP Project). The general objective of this project is to increase knowledge, strengthen institutional and community capacities related to the prevention of violence and external causes of injury, and strengthen local capacity in the field of mental health in primary care. The program is divided into three specific objectives, namely:

1. Strengthen local capacity with an information technology (IT) infrastructure focused on VIP, including data collection, analysis, and use of evidence for advocacy of public policies and programs through multisectoral collaboration with interest groups at the local and federal levels;
2. Strengthen capacity for provision of social services and primary care, first responders, and community organizations for the implementation of VIP program strategies and services through technical cooperation and training of trainers;
3. Support groups or organizations that carry out interventions geared to violence and injury prevention so as to improve their knowledge, capabilities, and communication skills.

Todo modelo requiere un soporte conceptual que guíe sus acciones. En el tema de la violencia los enfoques han tomado dos rumbos. Uno desde la visión estatocéntrica, con énfasis en acciones policiacas de "ataque frontal" a la delincuencia. El segundo enfoque sustentado en una visión a escala individual y social, con carácter preventivo y de seguridad humana. En términos generales el proyecto VIP se concibió desde el segundo enfoque.

Every model requires a conceptual framework to guide its actions. Approaches to the topic of violence have generally taken two courses. One is the state-centered approach, with an emphasis on police actions for a "frontal assault" on crime. The second approach is founded on an individual and social outlook, focusing on preventive actions and human security. Overall, the VIP project was conceived on the basis of the latter approach.

This evaluation suggests that actions geared to the prevention of violence constitute a dimension of human security or human safety, which is defined as a concept that places greater emphasis on life and human dignity and, as a result, has an impact on both personal and community development. This means that the subject of violence is an issue related to quality of life, which is materialized through personal and human safety.

Insecurity and one of its most expressive negative manifestations—violence—have been confronted from three distinct outlooks depending on scale. Nation states, for instance, approach the concept of safety from an aggregate standpoint, and their measures tend to seek common and/or collective safety. Alongside this outlook, and in light of new threats, the attention of those in charge of ensuring safety focuses on safeguarding the population from economic, environmental, and social risks, such as migrations (especially in developed countries). Neither approach takes into account the individual and community spheres.

Conversely, the VIP project proposes these levels as its object of intervention. From the perspective of human safety, dangers are posed by situations in daily life; hence, sufficient, high-quality information is required on the risk factors that affect people in each aspect of their lives, such as their transit through city streets; their interpersonal relations; and their community—in other words, each sociopolitical and spatial sphere in which individuals live their lives. This point places special emphasis on the role of the Observatory and its components: information systems and development of public policies.

From this new standpoint, the role of the police in protecting safety is complementary, and the function of preserving the life and integrity of the people would be expected to be transferred gradually to the civil services, by promoting cooperation among institutions; one might even refer to a new form of governance. These aspects are aligned with the VIP project. The main difference of actions taken from this perspective is that the human safety process implies a broader spectrum of institutions and agents, and, particularly, involves the people themselves.

The concept of human safety enshrines the person as the subject of safety; the concept of personal safety reflects the confluence between development and safety, encompassing a quantitative and a qualitative dimension, while being able to integrate the micro- and macro- aspects of life, and is thus suitable to foster a transformation based on values. Beyond merely adjusting to daily occurrences, it can contribute elements for the analysis of public policies and of the relationship between nation states and their citizens.

The ties between human safety and violence mean that it is impossible to discuss the former if the people are faced with threats to their personal integrity, which affect not only physical integrity but emotional capacity as well. Accordingly, these ties imply that an integrated approach is required to address the range of insecurities faced by the population; an approach that can take into account the wide spectrum of human deprivation. As a result, any project based on this vision (such as the VIP project) would have to take these aspects into account in the design and implementation of its actions.

At the community level, human safety is based on the strengthening of social capital and on social and community networks. Promotion of the aforementioned conditions provides sufficient support for people to face the misfortunes inherent to life successfully. From a community standpoint, human safety is a permanent, ongoing process, one of the threats to which—but not the only one—is violence. Other, no less relevant threats include unemployment, social exclusion and marginalization, the loss of collective aspirations and the belief that one no longer lives in a fair world; all are also sources of human insecurity, and are usually forgotten or absent from public policies and actions due to the predominance of the classical approach to safety, based on a "frontal assault" on violence.

Based on the foregoing, community-centered human safety presents an objective-subjective dichotomy. The objective aspect is represented by social networks and by the mechanisms that enable people and/or communities to confront dangerous situations. In the subjective aspect, human safety entails a psychological state in which individuals have a positive perception of the mechanisms or relations available to them for coping with high-risk situations. Conversely, in the absence of favorable objective conditions, a perception of insecurity is to be expected. Therefore, in such a scenario, both objective mechanisms and actions geared to strengthening the population's subjective sense of safety should be provided.

Broadly speaking, the key aspects of the human approach to safety can be summarized into 1) safety regarding the chronic threats inherent to human existence and 2) protection against unexpected events and threats arising in the course of daily life. In other words, these threats can arise at all levels and in all nations. The advent of this concept addresses two ideas: a) safety should be people-centered; and b) the safety of the people is threatened not only by physical violence, but also by other threats to its development, including economic, environmental, and health threats, among others.

This paradigm shift has practical implications. Its focus on people and on the sources of risks (different from those that affect nation states) mandates the design of altogether different strategies to ensure safety, based on policies that support an optimal level of development.

Two dimensions are useful for this evaluation. Firstly, how safety as risk prevention affects people's quality of life (information and policy generation); secondly, the comprehensiveness of safety (governance). Both dimensions bear conceptual and operational relations with the systemic aspects of violence prevention at the personal and community levels.

METHODOLOGY OF
EVALUATION

METHODOLOGY OF EVALUATION

This evaluation focuses primarily on the processes and products related to the VIP Project. Processes are defined as the institutional capacity of the various agencies and actors that received support from the project, whether in terms of material or human resources; the organizational structure that makes it possible to translate objectives into projects and activities that, in turn, enable achievement of the general and specific objectives of the project; the ability to carry out collaborative processes that strengthen resources and enable achievement of objectives that would not be possible without said collaboration. Products are those activities that are carried out with the purpose of achieving objectives, such as training, workshops, and courses.

DATA AND INFORMATION OBTAINED

The results of the evaluation are based mainly on three sources of information. The purpose is to triangulate information so as to contrast and validate data. These sources of information are: partners or stakeholders, personnel in charge of project implementation, and the itself. Furthermore, the recommendations for the improvement of project operations made by the project Technical Advisory Committee at its 8 April 2013 meeting were also taken into account.

Pan American Health Organization (PAHO) managerial staff in charge of setting up the VIP project are one of the most important sources of information. Interviews were carried out with these professionals and a presentation on preliminary results was made to give personnel the opportunity to provide commentary and clear up any doubts.

Other data were compiled through content analysis of the documents generated by the project itself in the process of execution; these data include standardized instruments administered before and after implementation at the various training sessions and workshops held, meeting minutes, attendance lists of different events and workshops, presentations, training manuals, the curricula of training workshops, and other activities held at the Observatory.

The aforementioned information is supplemented by means of SWOT (Strengths, Weaknesses, Opportunities, and Threats) workshops carried out with the organizations that take part in the provision of services or in charge of programs related to the VIP project. These workshops were designed to identify the perceptions of the partners or stakeholders involved in each project activity. Strengths and weaknesses are internal, manageable factors related to the design and operationalization of the VIP program and its implementation by the participating organizations. Opportunities and threats are external, contextual factors that cannot be controlled by the involved organizations, but do affect them. Three workshops aimed at evaluating each objective were held, on 29 January (objective 1), 31 January (objective 2), and 4 February (Objective 3).

The SWOT workshops were held with the purpose of generating information and learning about the strengths, opportunities, weaknesses, and threats of the programs implemented as part of the umbrella VIP Project. Furthermore, the SWOT workshops served as an instrument through which information could be obtained directly from the organizations and individuals supported by the VIP Project. This enabled evaluation of the VIP Project by means of the organizations chosen to implement and execute its programs. The discussion revolved around identification of Strengths, Weaknesses, Opportunities, and Threats. Strengths and weaknesses were defined as aspects internal to the organizations that hinder or facilitate project-related actions, whereas opportunities and threats were defined as external factors that play the same role.

Each SWOT workshop consisted of three stages. Initially, the representatives of each organization or each individual wrote down their own ideas with respect to each component of the SWOT matrix. Second, each organization stated its ideas, which were organized and classified into thematic groups. After classification, a statement that captured the central idea was developed by consensus. The final stage consisted of a vote for the ideas related to each SWOT component. Each participant was entitled to five votes per component. No more than three votes could be cast for an idea in such a way that at least two ideas were regarded as important for each SWOT component.

RESULTS

RESULTS

Objective One

The SWOT workshop for objective one was carried out on 29 January 2013 and attended by six people, each representing a different organization that integrates the Observatory. The participating organizations were the National System for Integral Family Development (DIF), the Autonomous University of Ciudad Juárez (UACJ), the Ministry of Health of Chihuahua, Jurisdiction II, the National Accident Prevention Council (CONAPRA), the Juárez Municipal Transit Bureau, and the State Attorney's Office.

Overall, the portion of the project concerning the provision and verification of information was found to be established in the operational phase and fully operational in terms of infrastructure, including computer, networks, and telecommunications equipment. Furthermore, appropriate technical personnel for project operations were available, even if in the role of trainers. Information and database management was technically consolidated, without any major issues. All participants saw very good possibilities for consolidation and institutionalization of the Observatory, thanks to the technical and economic capabilities, personnel, and institutional support provided by its host institution (UACJ) and to agreements among Observatory members by means of the Steering Committee and the Technical Secretariat.

The following results are based on the perceptions of the project participants. It is important that these subjective perceptions be contrasted with objective data so as to improve communication among the members of the Observatory.

Strengths

Participants in the Objective One SWOT workshop identified strengths which were divided into five subjects: information technology (IT) infrastructure, data processing, systematization of data collection, trained human resources, and institutional collaboration. In short, from the perspective of the Observatory members represented at the SWOT workshop, the VIP Project objectives were consistent with the main topics of infrastructure, training, data collection and analysis capability, and interinstitutional collaboration (see Annex 1).

Weaknesses

Weaknesses identified in the SWOT exercise were classified into six categories: personnel or staff, operational processes of the Observatory, financial resources, data, availability and access to the observatory, and institutional transition. Regarding the personnel of the participating organizations (not necessarily of the Technical Secretariat), despite clear progress in training, unmet needs still exist: namely, insufficient personnel and lack of incentives for work. These were identified as weaknesses. Regarding operational procedures, it was proposed that the existing standardization framework (whether of the partner organizations or that represented by civil service regulations) limits and restricts the role of the participating organizations; furthermore, specific functions, procedures, and tasks have yet to be defined. The participants also stated that the budget available to the organizations, especially for IT investment, is limited. Further work on the standardization of data, and especially on the validation thereof, is required so that end-users are those who already visit the Observatory website, including decision makers. Greater availability of the AIS access network was proposed, as was the establishment of a single data center. Finally, the institutional transition (the moment when the AIS or the Observatory are no longer supported by PAHO) is a source of uncertainty for the future of the Observatory (see Annex 1).

Opportunities

The opportunities identified by the members of the Observatory concern their perceived future potentials for this program. Five categories of opportunities were identified: technology, data and information, human resources, management, and consolidation of the Observatory. Regarding technology, the participants noted that the AIS can make use of new information technologies (IT) to strengthen its positive aspects, such as cloud technology, participation in collaborative networks through Internet2, and publication of research that has benefited from the database. Regarding data, expansion of voice and data service capacity as well as operational capacities was mentioned. Frequent monitoring of training and updating processes, interinstitutional articulation for resource

utilization, and engagement with other AIS issues were all raised as important aspects. The consolidation and management of the AIS requires continued support from PAHO and USAID (as does consolidation of the Technical Secretariat) and consolidation of support from national and international agencies (such as the United States – Mexico Border Health Commission). Collaborative activities of the Observatory should take place by means of a greater articulation with the social context and should promote its continuity (see Annex 1).

Threats

The threats identified in the SWOT exercise were grouped into five categories: resources, infrastructure, data, context and political will, interinstitutional commitment, and operation of the Observatory in general and the AIS in particular. The threats with regard to resources and infrastructure are clear, and are related to financial and budgetary aspects of the participating institutions, which are the suppliers of information. However, what bears stressing with respect to threats from participating organizations concerns the interinstitutional aspect and the political context. The threat or fear is that the Observatory, as many other programs in the past, could fall victim to political ups and downs and become a dead letter. Avoiding this will require a strategy to develop a process for governance of the observatory, governance being defined as an institutional mechanism whereby the government, civil society, and other interest groups can share stewardship of the Observatory—with the government acting as a partner, not as a director, and a networked, horizontal management process instead of a hierarchical one (see Annex 1).

Furthermore, it bears stressing that these are merely perceptions of the members of the Observatory, and that many of the perceived weaknesses or threats are unsupported by evidence; for example, a mirror center is located in the Municipal Institute of Research and Planning (IMIP). Furthermore, the Observatory and the AIS have outlived political changes (changes of steering entity) both within the UACJ and of the municipal president. However, it is important to think about mechanisms for transfer and governance of the Observatory when PAHO decides to focus its efforts on other projects and areas or when letters of agreement or MOU (memoranda of understanding) are signed.

Table 1: Weighting and Ranking of the SWOT Matrix for Objective 1

STRENGTHS	OPPORTUNITIES
Strengthening of infrastructure and information technology. Votes: 7	Institutionalize the observatory so as to ensure its continuity and promotion. Observatory governance. Votes: 7
Capacity of the information system and services (data processing and validation) Votes: 7	Strengthen resources by means of collaboration between the government and international agencies. Search for and identify sources of funding. Votes: 5
Ability to generate and analyze databases (data outputs, inputs, and production of information) Votes: 3	Expand the service capacity of the observatory so as to generate demand (dissemination of the observatory) Votes: 4
Strengthening and training of personnel for data management. Votes: 1	New virtual technologies (incursion) (dissemination) (Internet2 and state network) Votes: 3
Strengthening of interinstitutional and communication networks Votes: 2	Continue and maintain staff training. Strengthen cooperation between the observatory and sources of information input. Votes: 1
WEAKNESSES	THREATS
Budget (limited, insufficient) Votes: 7	Financial resources and participation in budget development. Votes: 5
Insufficient human resources (training). High turnover, multiplicity of tasks. Votes: 5	Political context (political will) Votes: 4
Availability of data centers and telecommunication (lack of a mirror or alternate center) (Note: The participants do not know that the IMIP hosts an AIS mirror) Votes: 5	Commitment of the participating institutions Votes: 3
Standardization. Ambiguity of procedures, restrictions. Votes: 0	Procurement department, credibility of data, lack of technological infrastructure Votes: 2
Data (standardization, credibility and availability) Votes: 1	Lack of operational models Votes: 1
Institutional transition, uncertainty Votes: 2	

AN EXPLORATION OF THE JUÁREZ OBSERVATORY FOR SAFETY AND CONVIVIALITY

It is important to explore the Observatory website to find out what it is communicating and how this communication can strengthen the objectives of the VIP Project. This exploration is based on the idea that the Observatory, as one of the major achievements of the VIP Project, should constitute a vehicle of information and a means of generating relevant spatial analyses for violence prevention. In this exploration, we focused solely on the three sites of interest shown on this page. These are: 1) the Automated Indicators System (AIS); 2) interactive maps of injuries; and 3) mortality and spatial diagnoses. This raises the question: why evaluate the Observatory website? The website represents an important environment for knowledge dissemination through mass and science communications. It is a channel for communications between users and the Observatory, and is part of the conceptual model of the Observatory. Furthermore, the Observatory is one of the main calling cards of the VIP Project, and a means of establishing a brand identity for the project to give it greater relevance. It bears stressing that, in addition to what it communicates through the website, the Observatory also disseminates information to institutions and decision-makers through working groups. However, this information is not available to the public, and, consequently, it is difficult to evaluate and cannot be used by non-members of the Observatory to conduct spatial analysis and contribute to the assessment of violence prevention policies.

Automated Indicator System

According to the website itself, the AIS is defined as "a system that facilitates the exchange of information among participating institutions of the Municipality of Juárez Observatory for Safety and Conviviality for the purpose of generating statistical tables and charts to support identification of the issue of violence and trauma, as well as risk factors and priority areas. It is also a tool that can support the design and implementation of strategies and objectives for the solution of these problems, as well as their monitoring and evaluation."
http://datos.observatoriodejuarez.org:8080/sistemasai/

Bearing this definition of the AIS in mind, Ciudad Juárez is the site of a wide range of trauma-related issues, including violence of all types. Unquestionably, in order of priority on the basis of social impact, the main issues would be homicide, femicide and missing women, youth violence, child abuse, miscellaneous felonies, kidnapping, extortion, traffic-related injuries, and carjacking, among others. This raises the question of why traffic incidents should be monitored as an important indicator. Why has the AIS focused its efforts on traffic incidents? We know it is connected to the VIP project objectives, which take place over several stages, and that this indicator is important in that it affects health at a national level. Nevertheless, the question remains as to why this indicator was chose, given the magnitude of the problems experienced in Ciudad Juárez, a city in the throes of violence.

Notably, the AIS portal currently only shows one georeferenced indicator: traffic incidents. Although (according to internal information) AIS II has the ability to display other georeferenced indicators (homicides, femicides, etc.), these are still in the early stages of implementation, with only 2 or 3 years of captured data. In addition, the sole indicator being managed also has a single supplier (the Traffic Bureau), which is also its only verifier. The database is quantitatively robust, and its results unquestionably reflect the real problems faced by the city as far as this indicator is concerned. The AIS works well, is a good idea and is well implemented, but, once again, the traffic incidents database has been developed the furthest. As shown on this page, all data are apparently treated as discrete variables, that is, there is no generation of surface maps or continuous variables on the basis of interpolation techniques, the results of which would enhance spatial analysis of the phenomenon.

Interactive Injury and Mortality Maps

The Observatory website has an interactive maps section that shows statistical data for deaths, injuries, and incidents from 2009 to 2011. Clearly, a good indicator of data capture and system maintenance processes should show data for at least some months of 2012 by now. In addition to the indicators, this section provides some supporting georeferenced vector data on intersections, main roads, roads in general, street layout, and city sectors. The interactive map works well, permitting approximations that reveal information on a very good scale, providing UTM coordinates of sites of interest (intersections).

The indicators are classified into the following categories: ROAD SAFETY (incidents, injuries, and deaths, 2009-2011, including the intersections where incidents occur most frequently), INFRASTRUCTURE, and HOMICIDES. The interactive maps can be printed, with their information represented by categories or ranges.

Three Spatial Diagnostics are available:

1. Spatial Diagnostic of Road Incidents. The excellent presentation of the geographical and physical context, presented by a sectoral breakdown provided by Municipal Traffic Bureau, warrants special emphasis.
2. Homicides, assaults, thefts, and robberies recorded by the Municipal Department of Public Safety during the year 2010. Quality is equally high, except data are presented by districts. Once again, this diagnosis provides geographical and socioeconomic context.
3. This analysis is presented by public safety district. It focuses on intentional and interpersonal injuries of external cause. Data are drawn from the major local daily newspapers and are available for the years 2009 and 2010.

General observations on the three spatial diagnoses

For all three diagnostics (road incidents, felony incidents, and violent and accidental deaths), the number of cases present in the database is statistically robust and the information generated is representative of the phenomena under study. Likewise, descriptive statistics are appropriately managed, either by sector or district, with a full complement of figures and tables. For the first diagnostic, the source of information is the most appropriate one. The second diagnostic is based on 2010 data recorded by the Municipal Department of Public Safety. This is a curious choice, as data from the State Attorney's Offices for Murder of the State Prosecutor's Office, which are official and up-to-date, could be used instead.

Although the Observatory describes these as spatial analysis, we believe that this is technically not the case. No spatial analysis or geostatistical techniques are applied to the collected data. This means there is no generation of density maps, no determination of critical areas, and no application of spatial indicators that would enable detection of spatial patterns in the phenomena under study. It also limits the possibility of establishing spatial correlations that could help explain—or generate hypotheses that might explain—violence and safety phenomena. Current studies are limited to describing results by areas (districts, sectors, etc.) or specific data. In other words, 100 percent of the data available is treated as discrete variables.

Final observations

Broadly speaking, substantial advances have been achieved in the design and maintenance of the Juárez Observatory website. A short-term challenge would be the incorporation—at the same level of data for traffic incidents—of data on other violence and safety phenomena that have high social and economic impacts on Ciudad Juárez. These are already being incorporated into the second stage of the AIS, known as AIS II. Other indicators, except those for traffic incidents, still need improvement; namely, the construction of indicators that are not univariate or unidimensional and can thus better represent the social phenomena being monitored.

In short, the main achievements of the Observatory are: having strengthened seven institutions with infrastructure (Juárez Municipal Transit Bureau, National System for Integral Family Development, Municipal Department of Public Safety, State Attorney's Office, Municipal Research and Planning Institute, Ministry of Health, and Autonomous University of Ciudad Juárez); having expanded the capacity of the AIS with the data collection and analysis services of an institution (Municipal Transit Bureau, incorporating the National System for Integral Family Development, Ministry of Health, and Municipal Department of Public Safety); having expanded GIS capacity from an exclusive focus on road safety to including other themes, such as homicides, child abuse, and violence against women (see Annex 3). Briefly, the key objective has been met.

OBJECTIVE TWO

This SWOT workshop had one of the lowest attendance rates. Only four persons, representing the following organizations, took part: UACJ, Ministry of Health, Center for Comprehensive and Inpatient Mental Health Care (CAIHSM), Jurisdiction II, and Chihuahua Department of Health. Despite poor attendance, the workshop was productive, and the following relevant subjects were identified. The workshop was held on 31 January 2013. It bears stressing that the results of this workshop are more biased due to poor attendance and to the absence of key actors of the municipal government.

Strengths

Strengths were grouped into five topic areas: 1) training and human resources, 2) leadership and teamwork, 3) implemented actions, 4) processes and program operation and 5) the subject of mental health. On the subject of training and human resources, the most commonly cited adjectives were "sufficient", "interest", and "innovation". The program promoted leadership and teamwork, with an emphasis on the management course. The topic of action is viewed more from the perspective of planning and evaluation of the activities and programs managed. With regard to processes, the participants pointed out aspects related to collaboration and institutional support, simple and clear dialogue, and willingness and political will to improve services through new processes. Finally, the participants believe the subject of mental health has gained in strength; greater options and resources for mental health care are now available in the communities, and the topic has gained interest and visibility in the public agenda (see Annex 1).

This perception is corroborated by the WHO Report on Mental Health Systems of Selected Low- and Middle-Income Countries, known as WHO-AIMS 2012.

Weaknesses

Four weakness categories were identified: 1) perception of the subject of mental health, 2) human resources, 3) experience, and 4) management and operation of the VIP Project. Regarding perception, it was argued that mental health issues are still perceived negatively, thus stigmatizing people and violating their human rights. On the matter of human resources, although training is one of the most important activities, participants pointed out an issue in the form of apathy from the personnel in charge of providing mental health services. There is little experience in the subject of mental health, which means that continued efforts toward strengthening of organizations are necessary. Finally, with regard to the operations of the VIP Project, participants complained of little advance notice and time to manage personnel, as well as a lack of monitoring of actions and/or programs, failure to align actions and programs with priority needs, and little time assigned for their execution (see Annex 1).

Opportunities

The opportunities identified were also classified into five categories: 1) liaison with the community, 2) cooperation and collaboration of different actors, 3) health programs, 4) management and processes, and 5) research and documentation of best practices in mental health. Regarding liaison with the community, the participants pointed out greater community outreach, promotion of mutual assistance, citizen involvement, response to the demands of the community, and creation of models for government–community intervention. Regarding the opportunity to foster interinstitutional cooperation and collaboration, the participants emphasized awareness efforts, interinstitutional and international collaboration, management of the continuity of existing projects, active participation of the various actors, and greater interinstitutional articulation with the three spheres of government. Regarding new mental health programs, the upcoming opening of the CAIHSM was mentioned as a means of meeting demand. Regarding management and processes with a focus on mental health, participants mentioned the possibility of spearheading the creation of new mental health structures by means of management capacity and innovation in approaches and models for intervention. Finally, a proposal was made to conduct research on events experienced, that is, to document practices so as to identify those most innovative and effective in the subject of mental health (see Annex 1).

Threats

Threats were classified into five areas: 1) the institutional political context, 2) resources, 3) perception of the subject of mental health, 4) the local sociopolitical context, and 5) operation of the programs. Threat item 1 generated the most debate. The elements voiced included such aspects as: a lack of interinstitutional agreements due to political interests, which constitute an obstacle to the proper recording of information; the fact that demand for training exceeded the supply or contingent of trained professionals; and the apathy or disinterest of the authorities regarding the subject of mental health. Resources are always a source of uncertainty, especially the possibility of reductions of the budget earmarked for mental health-related activities. Regarding perception, there were recurrent mentions of how society stigmatizes the subject of mental health. Concerns regarding the political and social context essentially revolved around the possibility that the program become subject to political patronage and clientelism; relevant threats mentioned included the apathy of the community due to poor previous experiences with social support programs, cooptation and manipulation by political leaders in the community, and lack of credibility of the project from the viewpoint of the community (see Annex 1).

Table 2 shows the weights assigned by participants to each SWOT element in order of importance. Training and education of human resources and placement of the subject of mental health on the public agenda were considered the most important strengths. The most important weaknesses pointed out were the lack of clarity in setting objectives and priorities of the VIP Project and the involvement of organizations. Two aspects were considered most relevant with respect to opportunities: strengthening of community ties and dissemination of mental health outcomes. Finally, the most serious threat is that the project fall prey to politics due to the lack of a clear institutional policy on the issue.

Table 2: Weighting and Ranking of the SWOT Matrix for Objective 2

STRENGTHS	OPPORTUNITIES
Training and education of human resources Votes: 7 Placement of mental health issues on the public agenda Votes: 7 Coordination, institutional cooperation, and political will Votes: 4 Strengthening of leadership and management Votes: 1 Improvements in planning and evaluation processes Votes: 1	Strengthening of ties with the community Votes: 5 Dissemination of mental health outcomes Votes: 4 Improvement of the delivery of mental health services Votes: 3 Creation of interinstitutional synergies and partnerships Votes: 1 Adoption of innovative models for management and mental health intervention at the international level Votes: 2
WEAKNESSES	THREATS
Lack of clarity regarding VIP priority objectives and organizational involvement Votes: 8 Social stigma on the subject of mental health Votes: 2 Time available for projects Votes: 2 Apathy of personnel involved Votes: 1 Little advance notice Votes: 1 Lack of monitoring of actions and programs Votes: 1 Lack of experience in the subject Votes: 0	Was not held to a vote because some participants left before the conclusion of the workshop. However, political-institutional context was deemed to be the main threat

mhGAP

Impact assessment of the Mental Health Gap
Action Programme

# IMPACT ASSESSMENT OF THE MENTAL HEALTH GAP ACTION PROGRAMME (MHGAP)

The program is geared to health care professionals who work in primary (outpatient) and secondary (inpatient) facilities, primary care providers, and community agents. The objective of the program is to improve the care of mental, neurological, and substance use disorders. In short, mhGAP and the diploma program in mental health seek to expand capabilities and bridge the gap in mental health care through training and capacity building.

Evaluation is one of the core principles of health care, from obtaining the medical history and assessing symptoms to collecting information on any other stressful events (WHO). As a result, it is of paramount importance, and any initiative that seeks to enhance mental health care would be expected to place special emphasis on evaluation. Based on the results of the baseline assessment and final exam of the course "Psychological Trauma and Complex Post-traumatic Stress in Childhood and Adolescence", we can make the following remarks.

Those present at the course appeared uncertain with regard to their ability to evaluate people with severe depression, as shown by the fact that 31 percent of the participants claimed to show little agreement with its assessment, while 24 percent were entirely in agreement. By the end of the sessions, 86 percent expressed partial or complete agreement with their ability to evaluate people with severe depression; the rate of undecided participants fell to 9 from 31 percent.

A similar result was found on questioning participants as to their ability to evaluate people with somatic complaints. At the start of the course, most participants reported some agreement with the statement "I am capable of assessing patients with somatic complaints", whereas at the end of the course, 40 percent of participants agreed completely with this statement; overall, 72 percent of participants agreed or agreed completely with this statement as to their evaluation abilities; notably, these results were statistically significant (see Annex 2).

Figure 1 Change in confidence in ability to evaluate patients with somatic complaints, pre- vs. post-course
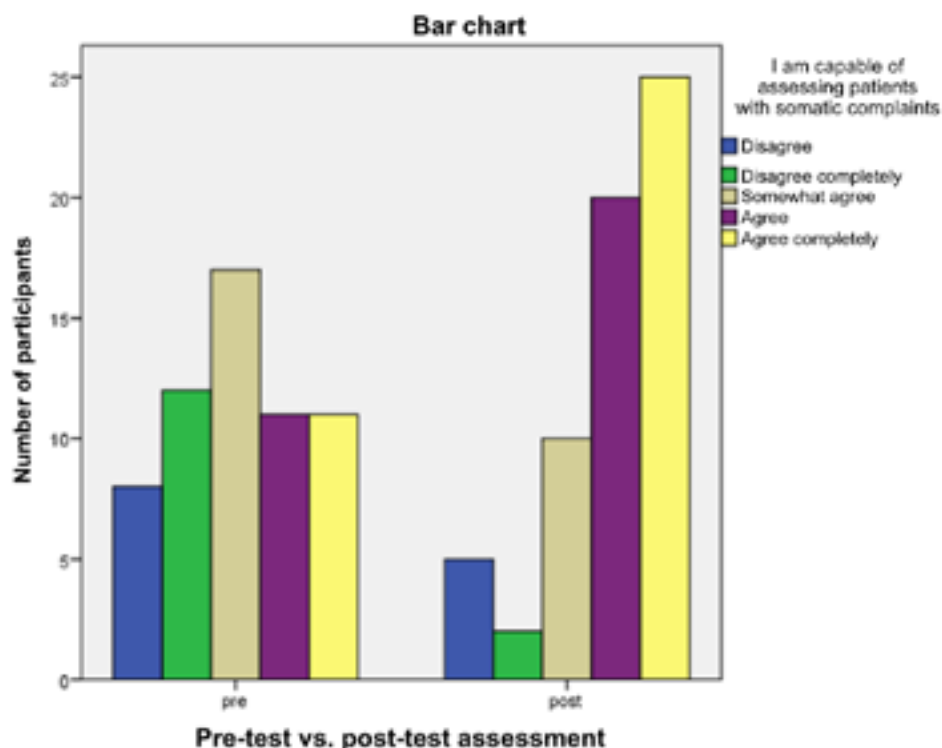
Course participants also showed progress in their perceived ability to diagnose medically unexplained illnesses. The assessment showed that, at the start of the study, half of participants (53%) were unable to identify medically unexplained illnesses. Upon concluding the course, only 17 percent still reported difficulty in diagnosing these illnesses; conversely, 72 percent felt able to diagnose these illnesses. This was a major change if we take into account that, before the course, barely 21 percent of participants were confident in their ability to do so (see figure 2).
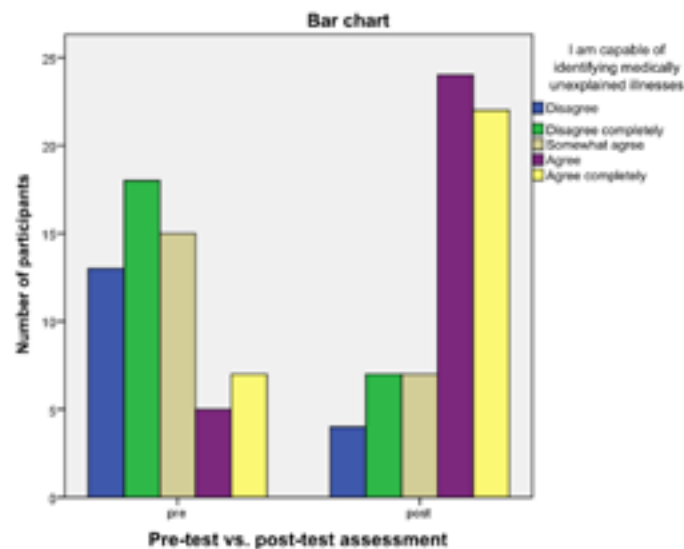
Based on the results of pre- and post-course tests, all of which were statistically significant, there was a change in the ability of the course participants to evaluate mental disorders. In addition to the aforementioned categories, changes also occurred in the diagnosis of mental disorders that can present in a similar fashion to moderate-severe depression (p=0.000) and in the diagnosis of moderate-severe depression itself (p=0.001).

The following analysis focuses on the ability to provide care once the initial assessment or evaluation of mental disorder has been carried out. This analysis covered the availability of skills for the care of people with depression, the ability to provide psychoeducation, and the ability to manage specific patient groups, such as pregnant women and adolescents.

Regarding the ability to communicate and support people with moderate or severe depression, at the beginning of the course, nearly half of participants (49%) claimed to possess the skills to help these patients. This percentage had increased considerably at the end of the course, reaching 92 percent of participants (see Figure 3).

Figure 3: Assessment of the ability to support people with moderate to severe depression
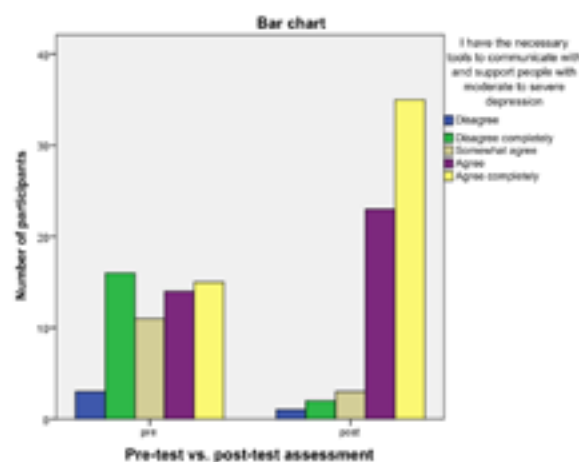
Regarding support through psychoeducation, the results were not statistically significant; that is, we were unable to determine if the changes that occurred from baseline to the end of the course were indeed due to the contents of the course.

A third of all participants reported uncertainty as to their abilities to provide good management for a pregnant or breastfeeding woman with depression. At the start of the course, 13.6 percent of participants were convinced that they had the means to cope with and support said patients. Upon concluding the course, 32 percent were very convinced they could do so, while 43 percent were convinced. In short, 75 percent of participants left the course convinced they could provide support for pregnant or breastfeeding women with depression. A statistically significant change (p=0.003) was also detected with respect to care of children and adolescents: 65 percent of course participants felt capable of caring for this group at the end of the course.

These results are consistent with the SWOT evaluation. During this workshop, staff training and program innovation were cited as some of the core strengths of the training process provided by PAHO. However, the little advance notice provided for these events precluded a greater impact. Furthermore, workshop participants noted that it would be very important for the content of the courses to be aligned with the priorities of the institutions involved. Among the opportunities provided by this experience to those who attended was the idea of creating new models for government/society intervention, encompassing citizen involvement and the demands of the community while serving the social context; that is, however comprehensive a proposal, it will have little to no impact if its management is vertical and its implementation does not take into account the special features of the social environment.

A further gap exists, beyond mental health but no less important: community apathy or disinterest in interventions due to unpleasant previous experiences with social support programs. As these have often been palliative, short-term, "stopgap" measures with no solid foundation, this is visualized as a core threat; in other words, if there are no results for the target population, the implementation of projects such as the mhGAP will be of little value to the public. In short, the mhGAP can be considered a successful training strategy that helped to close the gap of mental health services—one of the main goals of objective 2 of the VIP Project. Mental health care, a core aspect of the VIP Project, is carried out taking into account that violence produces not only direct victims (number of homicides or femicides, etc.), but also side effects on the population; mental health disorders such as depression and mourning, among others, are one of these effects. The VIP Project seeks to provide a service that did not exist previously, and is illustrated below. Pending issues include monitoring of trained personnel and the people they serve so as to evaluate the social impact of the strategy.

Mental Health and Referrals

One of the most important services of the VIP Project was mental health attention and referral of people by mental health promoters. The most common mental health issues addressed were depression (18.4%), grief (14.1%), stress (13.0%), addictions (10.8%), and problems not otherwise specified (17.5%) (see Table 3).

Analysis of referrals data by age groups showed that 19.8% were children under 15, 11.3% were aged 16 to 20, 61% between the ages of 21 and 55, and only 7.8% were older than 56 years. The most common faced by children under 15 was behavioral disorder, although a notable percentage (15.7%) were referred for grief, perhaps because a family member was a victim of violence. The main mental health problems of the adolescent population were addictions (15.8%), stress, and depression. In the working adult population (age 21 to 55), stress, depression, and addictions were the leading mental health issues. In the older adult population (age >56 years), grief and depression, which are usually correlated, were the main issues, usually at least partly associated with the death of a spouse. Notably, grief-related mental health issues were detected in all the age groups; the wave of violence faced by Ciudad Juárez from 2008 to 2012 has unquestionably had an impact on mental health across all demographics.

Table 3: Reasons for mental health consultation by age group

REASON FOR CONSULTATION	AGE GROUP				Total
	Under 15	Adolescents (16 to 20)	Adults (21 to 55)	Over 56	
Other	62	40	185	23	310
	17.7%	19.8%	17.1%	16.5%	17.5%
Addiction	10	32	135	14	191
	2.8%	15.8%	12.5%	10.1%	10.8%
Violence	32	10	82	2	126
	9.1%	5.0%	7.6%	1.4%	7.1%
Learning disorders	30	4	7	0	41
	8.5%	2.0%	.6%	.0%	2.3%
Behavioral disorders	124	18	44	3	189
	35.3%	8.9%	4.1%	2.2%	10.7%
Stress	3	30	178	19	230
	.9%	14.9%	16.5%	13.7%	13.0%
Post-traumatic stress	12	13	37	5	67
	3.4%	6.4%	3.4%	3.6%	3.8%
Depression	19	30	236	41	326
	5.4%	14.9%	21.8%	29.5%	18.4%
Anxiety	4	4	31	4	43
	1.1%	2.0%	2.9%	2.9%	2.4%
Grief	55	21	147	28	251
	15.7%	10.4%	13.6%	20.1%	14.1%
Total	351	202	1082	139	1774
	100.0%	100.0%	100.0%	100.0%	100.0%

Regarding the intersection of mental health and gender, 63.3% of all people seen and referred to the mental health services were women. Overall, 11.9% of all referred persons had addiction-related issues; however, men were more likely to present with these issues (22.6%) than women (5.7%). Behavioral disorders followed a similar pattern. Conversely, women were more susceptible to violence, stress, and depression.

Table 4: Reasons for mental health consultation by gender

REASON FOR CONSULTATION	GENDER		Total
	Female	Male	
Other	218	113	331
	18.2%	16.23%	17.4%
Addiction	68	158	226
	5.7%	22.6%	11.9%
Violence	103	28	131
	8.6%	4.0%	6.9%
Learning disorders	17	32	49
	1.4%	4.6%	2.6%
Behavioral disorders	94	104	198
	7.8%	14.9%	10.4%
Stress	179	73	252
	14.9%	10.4%	13.3%
Post-traumatic stress	48	23	71
	4.0%	3.3%	3.7%
Depression	257	80	337
	21.4%	11.4%	17.8%
Anxiety	33	10	43
	2.8%	1.4%	2.3%
Grief	182	78	260
	15.2%	11.2%	13.7%
Total	1199	699	1898
	100.0%	100.0%	100.0%

Regarding referrals made to different mental health centers, more than one-third of all people (38.3%) were referred to Health Jurisdiction II, 11.5% to the Tenda di Cristo, and 11% to O.P.C. Fomento Social. Of the cases referred to Health Jurisdiction II, most were referred for depression (23.9%), stress (15.8%), or grief (10.4%). Tenda di Cristo mostly received cases of grief (20.1%), stress (16.9%), and addictions (10%).

	N	%
Health Jurisdiction II	731	38.3
Tenda di Cristo	220	11.5
O.P.C. Fomento Social	210	11.0
CECA Juárez	103	5.4
Ministry of Health	82	4.3
Community networks	64	3.4
CAPA Águilas de Zaragoza	61	3.2
Coordination for Addiction Care	38	2.0
Programa Compañeros	30	1.6
CAPA Aztecas	30	1.6
O.P.C. Francisco I. Madero	15	.8
Instituto Premédica	15	.8
Health services	7	.4
Overall	1606	84.2
Missing data	302	15.8
Total	1908	100.0

In short, mental health consultations and referrals revealed a population in critical condition with respect to mental health, as a result of the prevailing context in the city. Ciudad Juárez not only faced severe problems of violence, particularly during the 2008–2012 period, but also of an economic nature, as reflected in employment-related uncertainty. This context partly explains the most common recurrent problems reported by the population, such as depression, stress, grief, and addiction.

One of the goals of objective two of the VIP Project is the development of local capacity in mental health services. This referral process clearly shows the role played by outpatient primary care services, represented by mental health promoters, in referring people to secondary centers for specialized professional care. In short, evidence from the field can show how objective two is being operationalized in terms of bridging the gap in mental health services in Ciudad Juárez.

Diploma program in public safety and violence prevention

The general objective of this course was to provide a refresher for those responsible for the design, planning, and implementation of public violence prevention policies at the highest level, as well as strengthen the capacities and competences of social and community actors involved in strategies for the prevention of violence and care of its victims.

The course consists of ten topical modules, throughout which students are expected to acquire innovative knowledge and tools to improve policies, strategies, and lines of action for the prevention of violence across the different dimensions of Public Health and Safety, with unconditional respect for Human Rights, with the gender perspective as a cross-cutting theme.

The higher diploma course has a total course load of 120 hours distributed across 10 weekends (Fridays and Saturdays) of 10 hours each. More than 40 participants representing approximately 10 institutions attended the workshop (see Enrollment). Participating institutions included representatives of the judiciary and law enforcement (5 of 10), civil society (2 of 10), a trade association (journalism, 1 of 10), an international development agency (1 of 10), and academia (1 of 10). In general, the lecturers and the course were considered "very good" to "excellent" (see Figure 4).

ENROLLMENT

- Office of the Attorney General of the State of Chihuahua
- District Attorney's Office, Northern Ciudad Juárez
- District Attorney's Office, Central Chihuahua
- Executive Secretariat of the State Public Security System
- Department of Public Safety, Municipality of Delicias
- Department of Public Safety, Municipality of Juárez
- Department of Public Safety, Municipality of Chihuahua
- Educators and students of the Licentiate in Security Sciences program, UACJ
- U.S. Agency for International Development (USAID)
- Chihuahua Association of Journalists, A.C.
- Mujeres por México, A.C.
- State Council of Public Safety
- Independent professionals

Figure 4: General assessment of the Diploma program in public safety and violence prevention
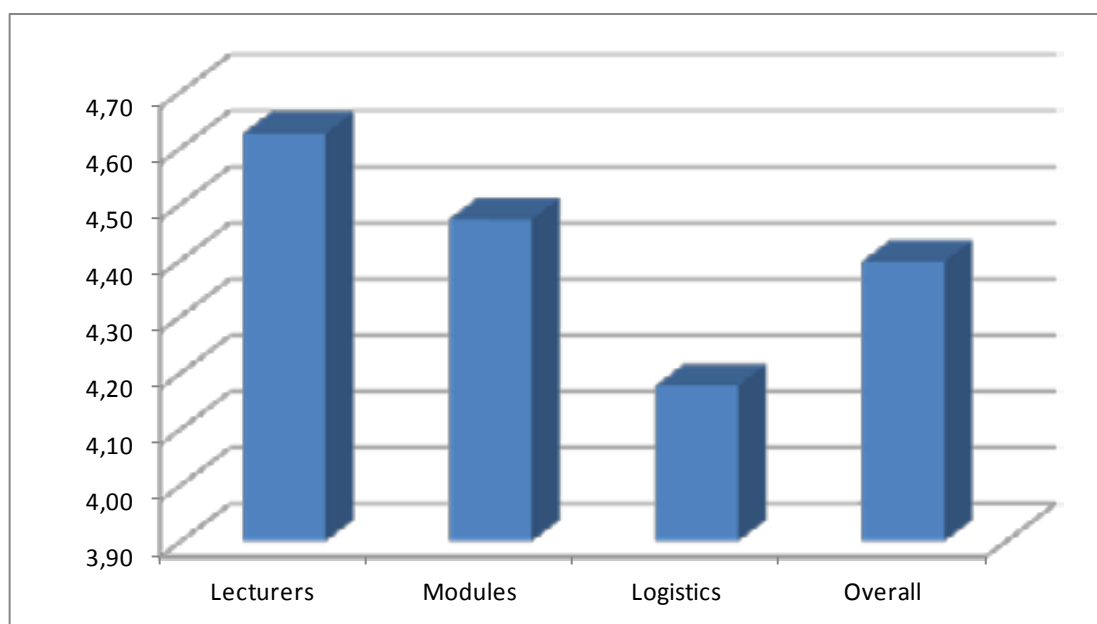
1= Lacking, 2= Fair, 3=Good, 4=Very Good, 5=Excellent

The topics of the diploma program cover the subjects it plans to address, such as human rights, the conceptualization of violence as a multidimensional entity, and the various components of violence, such as prevention, resocialization, and punishment. It bears noting that a greater emphasis was placed on the juvenile population and, to a lesser extent, on other demographic segments; this is understandable, as youths are both the victims and the perpetrators of the majority of crimes in this setting.

Regarding evaluation of the objective of the diploma program, one of its goals is to impact public policy "at the highest level." At the time of the evaluation, Dr. Fernando Sandoval Salinas, a graduate of the course, was appointed director of the State Center for the Prevention of Crime; this can be regarded as an excellent indicator, as this former student may start to have an impact on crime prevention policies at the highest level of government—another goal of objective 2 of the VIP Project.

Evaluation of the Teach-VIP course

The TEACH-VIP (Training, Educating, Advancing, Collaboration on Health) course focused on the prevention of violence and injuries. TEACH-VIP training was carried out in partnership with the Juárez Observatory for Safety and Conviviality, which coordinated the invitation of several public institutions, civil society organizations, and partners.

The course was attended by 21 people affiliated with the following institutions:

- Centros de Integración Juvenil
- Ministry of Health of Chihuahua
- Department of Education, Culture, and Sport
- PAHO/WHO
- Municipal Research and Planning Institute
- Municipal System for Integral Family Development
- Autonomous University of Ciudad Juárez
  - o Under-Directorate for Social and Community Action
  - o Observatory for Safety and Conviviality
  - o Academics

Broadly speaking, the course addressed several topics of relevance to public health and to violence and injury prevention. These included topics of a methodological nature that concern the construct validity of indicators; that is, the extent to which the data used to monitor a topic really measures the phenomenon in all its dimensions. The course also included fundamentals of study design (cross-sectional, case-control, cohort, longitudinal), which can play an essential role in exploring or determining causal relationships, as is the case with quasi-experimental designs or randomized trials. Other aspects covered were of an ethical and professional nature. These must be taken into account in situations when public policy includes subjects or people that are to receive interventions (recipients of public health services related to violence and injury prevention); the ethical principle of "first do no harm" is essential. Last but not least came the operational and contextual aspect of the VIP program; this discussion revolved around the importance of lobbying for public action. In short, the TEACH-VIP is a quite comprehensive course aimed at capacity-building and creation of local skills in the fields of science (research methods), ethics, and politics (lobbying); all very important aspects in promoting the professionalization of civil servants. The evaluation provided by course participants was consistent, as both the course and the lecturers were given grades of very good to excellent (see Figure 5 and Annex 4). The TEACH-VIP course in being adapted for implementation in Reynosa, Tamaulipas, which shows this model can be replicated elsewhere and is consistent with the overall objective.

ASSESSMENT OF TEACH-VIP COURSE
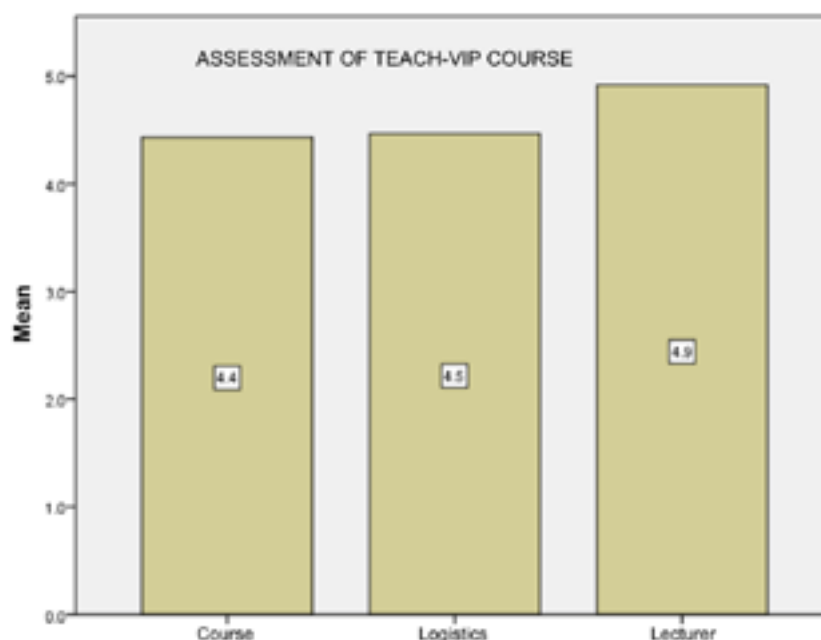
1= Deficient, 2= Fair, 3=Good, 4=Very good, 5 =Excellent

Community Development

Community development was based on the following objectives:

General objectives
1. Contribute to the strengthening of the social fabric and respond comprehensively to the psychosocial problems attributable to violence in Ciudad Juárez, Chihuahua, Mexico.
2. Strengthen community centers for violence prevention and mental health care.

Specific objectives
1. Train community agents in mental health and violence prevention
2. Integrate and train a facilitator team to provide monitoring, follow-up, and feedback for the work carried out by agents.
3. Create actions for violence prevention and mental health care.

The aforementioned objectives were operationalized by strengthening the capacity of promoters through the logic of the multiplication effect: that is, the facilitators (7 facilitators) trained the community agents (60 in total), who, in turn, will provide counseling in the areas of violence prevention and mental health, with the purpose of achieving direct impacts (on those who receive counseling) and indirect impacts (on people with ties to those who receive counseling). Once again, the objective is to provide mental health care by means of health promoters where costs are low and demand is high so that people who need specialized care can be referred to the secondary services, where costs are higher and demand is lower (see Figure 6).

Figure 6: Pyramid of the mental health model
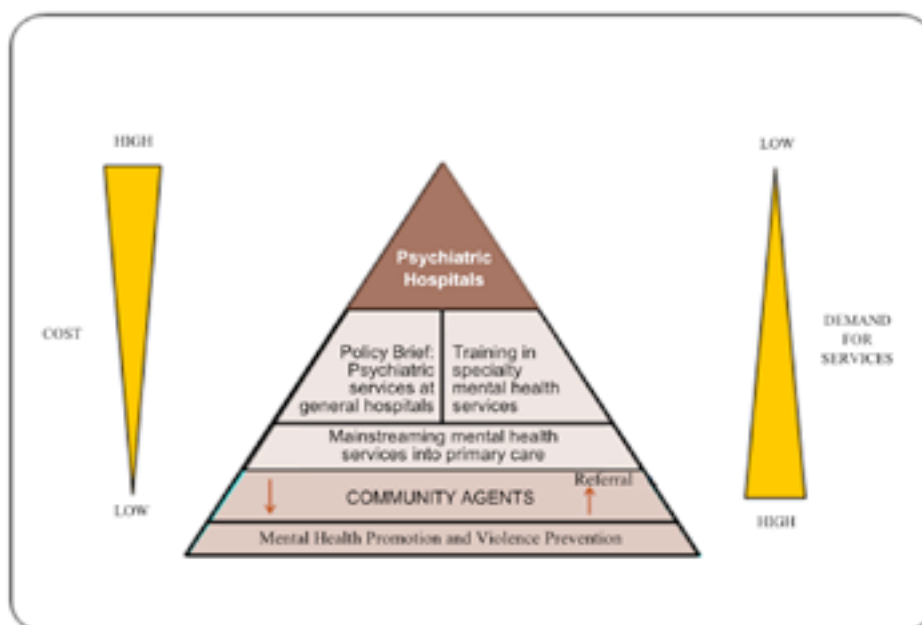
It is estimated that around 10,000 people benefited directly and indirectly from the mental health promoters program. Once again, the data show that most beneficiaries were women (66%). Therefore, it is important to consider whether the mostly female beneficiary population truly enables achievement of the general objective of strengthening the social fabric and responding comprehensively to violence-derived psychosocial problems. It is a fact that the women are an integral part of the community, family, and social unit; however, it is important to make greater efforts to attract the male population, as men play an important role as victims and perpetrators of violence.

Table 6: Number of program beneficiaries (direct and indirect), 2012.

Month	Women	Men	Total	% Women
January	436	217	653	67%
February	444	195	639	69%
March	512	206	718	71%
April	970	417	1387	70%
May	1157	408	1565	74%
June	555	376	931	60%
July	670	294	964	70%
August	370	188	558	66%
September	405	224	629	64%
October	659	532	1191	55%
November	437	257	694	63%
December	-	-	-	
GRAND TOTAL			9929	66%

Overall, the objective of training community mental health and violence prevention agents was achieved to a substantial extent. The objective of increasing the capacity of local primary care services was met. The evaluators agreed with the statement that the "process of community intervention in violence prevention and mental health care, linked to municipal and state community centers and to the Autonomous University of Ciudad Juárez (UACJ) has enabled, from a psycho-emotional standpoint, modification of the recovery of self-esteem, empowerment, and strengthening of internal protective factors—creativity, autonomy, resilience, positive channeling of emotions—that have been affected by violence, poverty, and unemployment, both by community agents and promoters and by people affiliated with the community centers." (see Annex 5) Furthermore, the efforts of these mental health promoters constitute assets or social capital for the social development of the communities where they operate, as do the participants of the other training programs held, such as the Diploma Program in Public Safety (40 people), mhGap (approximately 68 participants), Teach-VIP (21 participants), and EVIPNet (23 participants).

Training of mental health promoters

A total of 59 promoters were trained in the subject of mental health, more than three-fourths of whom were women (79.7%). Of the trained promoters, 28.8% left the program due to personal or other issues or were dismissed for poor attendance. Based on reports from the PAHO staff in charge of the program, of those who started training, 61% showed progress in capacity building and only a minority (10.2%) remained on the program without showing any progress. Finally, comparison of the progress of promoters by gender showed no statistically significant differences; that is, both male and female promoters showed the same willingness to acquire skills and the same likelihood to leave the program. Based on these results, a more proactive recruitment of male promoters is warranted, as they are a minority among promoters and can be as effective as women for health promotion purposes.

Table 7: Course progress of mental health promoters by gender

			PROGRESS			Total
			Decline	No change	Progress	
Gender	Male		3	1	8	12
			25.0%	8.3%	66.7%	100.0%
	Female		14	5	28	47
			29.8%	10.6%	59.6%	100.0%
Total			17	6	36	59
Chi-square .205 (prob. .903)			28.8%	10.2%	61.0%	100.0%

PAHO staff observed among the promoters "substantial progress with regard to their abilities and skills, which have been developed by means of the training provided; this has ensured greater openness, improved their way with words, and enhanced their interest in the problems faced in their social environment, while helping them feel confident to provide their opinions and remark on each of the topics they cover, making use of critical and creative thinking." The gender of the promoters was not an indicator of any differences; statistically speaking, men and women progressed equally well during the course and were equally likely to drop out. This is an important finding, as it can increase efforts to diversify health promoters.

Regarding the deficiencies of promoters, the staff pointed out that "various areas for improvement have been detected within their work as promoters. Some have overfull schedules due to involvement in other activities within the community center; this leads them to neglect activities or workshops pertaining to the [VIP] program. Furthermore, some promoters still have trouble handling the topic, as they are somewhat shy and fail to supplement the information they provide with examples or additional information.

On the other hand, we have encountered situations in which the directors of some of the Community Centers have failed to respect the roles of the promoters, which has hindered the progress of these agents. Nevertheless, several strategies that can help harmonize their work within each community have been implemented."

Another way to evaluate the effectiveness and the impact of objective two is the way in which the VIP Project has changed the life of the promoters themselves. In testimonials and interviews, promoters have reported that the program has changed their personal lives considerably and helped them be better professionals. Statements have included "I changed a lot as a person", "speaking, communicating, bringing together, organizing", "it has helped me support my family and [taught me] how to treat my children", "I have deeper insight into the problems faced by families", "these people have taught me a lot, and I have learned a lot, both as a person and as a professional", "the courses helped overcome my fears", "it has helped me interact better with people", "the confidence I give people to help them get ahead", "I am a good listener, I also try to help in any way I can", "one of the many things I have learned is to be more humane, more caring... with the things I have learned… people encourage me to do research and read, because sometimes they ask me questions." These testimonials show how the VIP project is strengthening local capabilities and local development (for further information, see Annex 6).

Another way of evaluating the general objective of strengthening community centers as a violence prevention strategy is by analyzing where these centers selected to carry out mental health promotion efforts are located, and whether they are serving those areas of the city most affected by violence and, consequently, in need of mental health services.

Based on the coverage map and on records of crimes and critical areas affected by violence, we believe there is a good correspondence or overlap between the selected community centers and foci of violence in the city. The map shows that the majority of community centers are localized in the west and southeast areas of the city, each of which is considered a major focus of violence. It is recommended that the Observatory carry out a geo-statistical analysis to identify the potential target population of the community centers by using the catchment areas designated by SEDESOL (or another standard) and contrasting them with the population served, so as to have a better idea of the impact of the violence prevention program.

Figure 7: Community Centers selected for mental health promotion and violence prevention activities
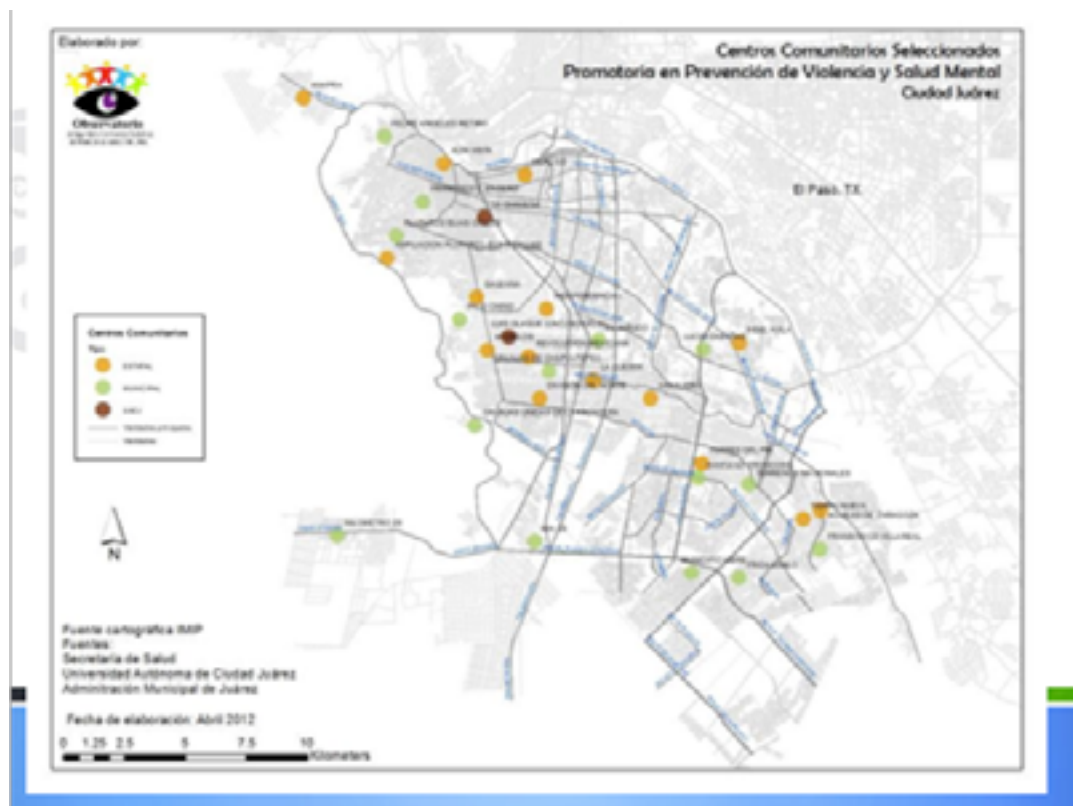
WHO-AIMS

PAHO adapted the instrument developed by WHO for the evaluation of mental health care systems, which comprises the following sections: i) Policy and Legislative Framework; ii) Mental Health Services; iii) Mental Health in Primary Care; iv) Human Resources; v) Public Education and Links with Other Sectors; vi) Monitoring and Research. Two sources of information were used to apply this instrument: 1) data from national and local sources, such as reports, standards, and official laws; and 2) consensus data. Local data were obtained from the databases of the Ministry of Health, universities, the Mental Health Table Forum, and civil society organizations that work with mental health. In April 2012, a training course was taught by Ms. Dévora Kestel and a selected consultant and an introductory meeting on the WHO-AIMS was held with representatives of the main local public organizations, requesting their consent for the administration of the instrument (see document).

A total of 29 people took part in the validation session, each representing one health-related institution. This document provides a very comprehensive overview of the health system in Ciudad Juárez with regard to its mental health coverage and capabilities; for example, the report points out that "in Ciudad Juárez, the rate of human resources in mental health care per 100,000 population is distributed as follows: 0.83 psychiatrists, 2.75 non-specialized physicians, 4.01 nurses, 18.92 psychologists, 3.63 social workers, 1.89 occupational therapists, and 9.31 other mental health workers." It also provides diagnostic picture of the most common mental disorders of the population, especially "schizophrenia, schizotypal and delirious disorders (92%), mood disorders (3%), mental and behavioral disorders due to use of psychoactive substances (2%), and others (1%)...". The data for this report was provided by the National Commission for the Prevention and Eradication of Violence against

Women (CONAVIM), Todos Somos Juárez, and the World Health Organization, among other official sources. In short, WHO-AIMS met its goal of providing a comprehensive and validated general assessment of the mental health care system in the region.

OBJECTIVE THREE

This SWOT workshop was one of the busiest, with 13 participants representing various organizations, such as Colectivarte, Nuroami, Taller Local 8, the Autonomous University of Ciudad Juárez, and Centro Comunitario Frida Kahlo. The workshop was held on 8 February 2013. The following section presents the results of SWOT analysis for the evaluation of objective 3. The main purpose of this workshop was evaluation of the art workshops aimed at preventing violence and helping participants cope with the emotions resulting from violence; overall, 24 of these art workshops were held at 18 community centers between September and November 2012: 6 modeling clay workshops, 6 photography workshops, 6 screen printing workshops, and 6 graffiti workshops.

These workshops were carried out at the following community centers: Francisco Villarreal, Lucio Cabañas, Palo Chino, Felipe Ángeles, Frida Kahlo, Santiago Troncoso, Altavista, Chaveña, Revolución Mexicana Luis Olague, Granjas Unidas, La Cuesta, División del Norte, Torres del PRI, Municipio Libre, Tierra Nueva, Francisco I . Madero and Jarudo, of which 10 are municipal, 7 run by the state and two by the Autonomous University of Ciudad Juárez. The target demographic of the modeling clay and photography workshops was children aged 6 to 12 years, and that of the screen printing and graffiti workshops, people between the ages of 13 and 29. The participants created messages, figurines, and images in support of the messages of the communication strategy of the Violence and Injury Prevention Project.

On average, each workshop was attended by 15 participants, which means that approximately 360 children, adolescents, and adults benefited directly from these educational and recreational activities. The first workshop was held on 18 September, and the last, on 11 November 2012.

Strengths

There were four main strengths related to objective 3: 1) Knowledge, skills, and training of workshop participants; 2) community integration and support for children; 3) program coordination and supervision; and 4) sufficient resources for operation of the workshops (see Annex 1).

Overall, the highlights of the workshops were prevention practices against child abuse and violence against women, development of abilities to treat the population, helping children express their ideas, fostering unity among the participants and the community, complete willingness of the coordinator to address needs and unforeseen circumstances, and the support and resources provided by PAHO to the participants.

Weaknesses

Four weakness categories were identified: 1) limited dissemination of the programs, 2) delays in the procurement of materials, 3) absence of support from the health center and, in some cases, little support from those in charge of the community centers, and 4) the apathy of the community and lack of communication between PAHO and UACJ.

Important subjects were raised, such as the lack of dissemination (promotion) of activities at some community centers, slow procurement of tools and materials (causing postponement of workshops), lack of interest of the facilitator on the part of UACJ, the inappropriate nature of certain spaces as venues for workshops, and the short duration of each course.

Opportunities

Four topics were identified as opportunities: 1) Continuation of the project (to include all demographics), 2) linkage of the project with other groups and social agencies so as to strengthen the community, 3) more alternatives for community support, and 4) creation of socioeconomic opportunities for the people (self-employment) by teaching them skills such as screen printing.

Some ideas stood out, such as improving the supervision of or communication with the directors of the community centers, the inclusion of churches and schools, sharing of knowledge and experiences, identification of issues among the participants so as to provide aid or referral, changing the environment of the community by means of painting activities, spaces for youths to express themselves, socioeconomic development, etc.

Threats

Six types of threats were identified: 1) poor selection of promoters (project personnel), 2) closure of some community centers and decaying infrastructure of others, 3) apathy among the community and little interest among institutions in the dissemination of the project, 4) no budget in several administrations to make community centers more accessible (especially regarding surveillance and transportation), 5) violence, gang activity, and vandalism, 6) and the weather and scheduling of workshops.

Participants reported their concern with the closure and precarious infrastructure and hygiene conditions of community centers, lack of confidence among the community, little or no support from government agencies, impossibility of holding workshops due to lack of security, and lack of continuity in the project so as to take advantage of the progress achieved within the community.

Table 8 shows the topics identified by participants as most important with regard to SWOT analysis. Two strengths stood out: that the participants have the necessary resources to hold the workshops and that the community come together on behalf of support for children. The organizations identified the continuity of the project and its extension to other sociodemographic groups as an opportunity to further explore it and convert it into a mechanism for socioeconomic development. The main weaknesses included poor or completely absent publicity for the programs, which it is interesting to say the least, as objective three has mass communication as one of its core components. Community apathy was identified as another weakness. Finally, budgetary constraints were identified as the main threat to this objective, especially in regard to transportation and surveillance. It bears stressing that an important aspect raised during the discussion was ease of access to the workshops, particularly with regard to finding better locations for centers at areas where there is a major potential demand for services. The lack of interest of the authorities in the dissemination of the project was identified as another major threat (see Table 8).

Table 8: Weighting and Ranking of the SWOT Matrix for Objective 3

STRENGTHS	OPPORTUNITIES
Sufficient resources for operation of the workshops Votes: 20 Community involvement and support of children Votes: 17 Knowledge, skills, and training of workshop participants Votes: 14 Program coordination and supervision Votes: 14	Expansion of the project (to include all sociodemographic groups) Votes: 28 Creation of socioeconomic opportunities for the people (self-employment) Votes: 18 Linkage of the project with other groups and social agencies to strengthen the community Votes: 10 Support the community with more alternatives Votes: 10
WEAKNESSES	THREATS
Lack of publicity Votes: 27 Apathy among the community and lack of communication between PAHO and UACJ Votes: 18 No support from the health center and little support from persons in charge of the community center Votes: 11 Delays in procurement of materials Votes: 8	No budget in different administrations to increase access to the community centers (surveillance and transportation) Votes: 21 Apathy among the community and little interest of institutions in the dissemination of the project Votes: 14 Poor selection of promoters (project personnel) Votes: 12 Closure and decaying infrastructure of community centers Votes: 8 Violence, gang activity, and vandalism Votes: 4 Weather and schedule Votes: 6

EVALUATION OF ART WORKSHOPS
(Screen Printing, Photography, Modeling Clay, Graffiti)

EVALUATION OF ART WORKSHOPS (SCREEN PRINTING, PHOTOGRAPHY, MODELING CLAY, GRAFFITI)

Evaluation of art workshops as a tool for mental health treatment and prevention of violence was carried out through content analysis of the reports filed by workshop instructors and attendees, identifying the main contributions and red flags of the programs (see Annex 7 for further information). The analysis focused on five components of the program: 1) the community centers, 2) the instructors, 3) the target population, 4) the community, and 5) organization.

The support of the community centers was not consistent, ranging from unconditional support to complete indifference. The Francisco Villarreal Community Center stood out for its support of VIP project activities. On the negative side, there was some tension between those in charge of the community centers and the instructors, mostly due to disorganization in the centers and/or failure to clean up properly after the workshops. The most extreme case occurred at the Chaveña Community Center, where the center promoter was frankly combative and the assistant to the workshop facilitator reported some sexual harassment issues. Finally, it is clear that some community centers need support to improve their facilities, which were sometimes suboptimal or inadequate for the purposes of the workshops.

The personal instructor showed mastery of the subject and ease in conveying the message to the students. One remarkable aspect of particular relevance to the VIP project was the detection, care and referral of special cases, namely children that exhibited signs of physical and emotional abuse. From the point of view of the instructors, the workshops produced highly significant results, with special emphasis on aspects linked to the development of discussion, critical thinking, and social skills, as well as self-confidence in one's opinions, constructive methods for conflict resolution, injury prevention, social awareness, and, above all, prevention of violence by means of education and life skills.

The target population appeared receptive and willing to collaborate. Topics such as contamination, peace, love, and entertainment were raised by the young participants, eager to learn—especially craft techniques that can help them support their families—and create. People used the community center as a source of help and a showcase for their personal, economic, and social issues. The population showed a need for affection and, especially, a desire to improve their economic standing and break free from the vicious circle of violence. The target population showed several symptoms that clearly indicate a need for care and referral to mental health services; behavioral problems, domestic abuse, harassment, bullying, and latent addictions, among others. Overall, the program served the target population for which the VIP project was designed.

In the community where the workshops were held, the greatest concern shown by participants was how to help their acquaintances prevent and/or combat violence, as well as find our which entities could help them so they could make a contribution, however small, to their community. The participants demonstrated mistrust of the system, particularly of the System for Integral Family Development (DIF), arguing that this institution never helps. Fostering of communication and intergenerational interactions was another relevant subject. Negative aspects mentioned included gender issues, especially machismo, and subjects related to domestic and spousal abuse.

From an organizational standpoint, the workshops were usually evaluated positively, as they were considered a good strategy to address and prevent violence-related issues, thus meeting the core objective of the VIP project. The suggestion was made to conduct a prior evaluation of the community centers so as to determine if they were in a position to host the workshops. Another important aspect concerned the availability of food for participants, for a variety of reasons, such as nutritional issues in the target population and as a means of improving participant response.

The coordinating personnel unanimously agreed on one point: the need to continue the program so it is not a waste of time and does not constitute an isolated effort. The findings testify to a dynamic set into motion at institutions that could have addressed the problem from their unique standpoints or specialties, but also recognize the formula of PAHO-led teamwork—work whose results benefit the institutions and, most importantly, the population.

Unique problems and findings were also detected, pertaining specifically to the scope of action of the participating Institutions, that need to be addressed if they are to continue to be a part of the VIP program team. Funding for resource acquisition was one of the aspects emphasized most strenuously. This lays bare the role of PAHO in connecting institutions that require financing and resources with other institutions that can provide these as necessary.

In short, the results of this content analysis are consistent with the SWOT; the workshops provided an opportunity for catharsis and a therapeutic venue in which participants could address subjects relevant to violence prevention. Several aspects require improvement with regard to workshop organization, logistics (schedules, invitations, snacks, involvement of center directors in training activities, and explanation of the workshops), and ensuring that materials are available on time. Among the community centers, Felipe Ángeles, a city-run center, stood out for the quality of its facilities. The Francisco Villareal 1 center is used intensively and requires some improvements. On the other hand, the Chaveña Community Center of the UACJ was not very cooperative (for further information, see Annex 7). The majority of the community centers are operated by the municipal government, and evaluations did not show any substantial difference between these centers and those run by the state. The response of UACJ community centers was inconsistent.

Finally, is bears stressing that the products of the workshops were shown in an exhibition held at Centro Cultural Paso del Norte (to see Annex 7). These works are also a reflection of the way in which the population experienced violence. The activities and workshops were a showcase for the effects of violence as channeled into creativity. This shows that art can also be an effective means of channeling emotions to produce violence prevention strategies.

EVIPNet Forum and Workshop

The objective of the EVIPNet (Evidence Informed Policy Network) forum and workshop was to establish a Technical Advisory Group for Research into Violence and Injury Prevention (GTAVIP). The members of this group will be tasked with acquiring, evaluating, and adapting high-quality evidence for the purpose of facilitating the creation of evidence briefs from a health-centered standpoint for all policies that include changes to the environment where people live, work, study, and play. This training was provided to strengthen decision-making at all levels (federal, state, and local) and in all sectors, taking into account the mandates of PAHO/WHO, of the Mexican Departments of Health at all three levels of government (federal, state, and local), of the Government of the State of Chihuahua, and of the Municipality of Juárez.

Specific objectives

Provide the opportunity to establish a deliberative dialogue on policy among technical experts in the matter and those responsible for decision-making to address violence and injury prevention.

1. Discuss and agree on the terms of reference for GTAVIP technical cooperation to facilitate the development of the best technical and scientific options based on the best available evidence and adequate for the northern border region of Mexico.
2. Provide the GTAVIP with a framework for identification of best evidence and best policies to address and prevent violence and injuries and improve mental health, using the EVIPNet methodology and incorporating the TAG into border, regional, and global EVIPNet networks.
3. Build capacity for the construction of an evidence-based decision-making culture, using proven research methods.

Figure 8 shows the evaluation of the EVIPNet workshop by its participants. Overall, the results show that the participants had a very favorable opinion of the training activity.

Figure 8: Evaluation of the EVIP-Net workshop
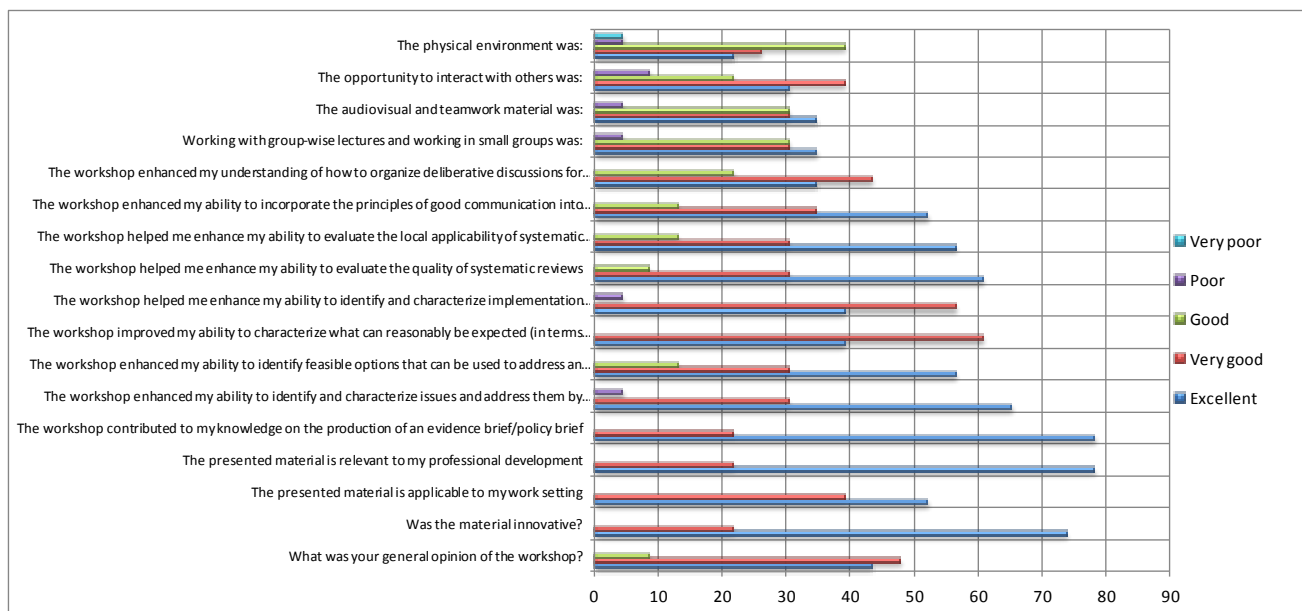
% （N=23）

The three most noteworthy aspects mentioned by the workshop participants were: 1) the material presented was quite relevant to their professional development (78.3% of participants considered it very relevant), 2) the workshop contributed to their knowledge of how a policy brief is produced (very much so according to 78.3%), and 3) the presented material was innovative (73.9% considered it very innovative or relevant). The positive remarks of the participants highlighted the knowledge of the facilitators, the presenter and contents of the workshop, information search tools, and methods to search for evidence.

Conversely, aspects that were not evaluated positively included the physical environment where the workshop was held, which was considered inadequate, and the limited opportunities for interaction among the participants. The participants complained that the materials were not available on time, that the invitation did not provide the duration of the activity, that the workshops were overlong, the space small, and the environment inadequate, as well as of a difficulty in linking to other pages.

Also, participants expressed differences of opinion regarding some aspects of the workshop, but these manifestations can be used to rethink or review these aspects: how to organize deliberative dialogues for discussion of policy briefs, the dynamics of working with group-wide presentations and working in small groups, and the audiovisual and teamwork material used in the workshop. In conclusion, the participants generally believed that the workshop met its predetermined objectives.

The instrument administered to the participants contained an important question: "could you mention at least three things you believe you could do differently as a result of what you have learned after taking part in this training workshop? This question is important because it enables evaluation of the impact that the workshop had on the professional practices of the participants. Responses that stood out included: work toward mediation, seek information, get closer to the practice of public policy making, need for deliberative dialogue, create a policy brief, conduct research and publishing it with other team members, create repositories (to facilitate the location and retrieval of gray literature), implement some strategies in response to systematic reviews on issues relevant to my professional field, interact more closely with other participants with a less distant stance, as most group members have experience in their own areas of knowledge, and provide information in a more flexible manner. In short, we can conclude that the workshop raised the awareness of the participants concerning the research process, the importance of systematization and searching the evidence base, and increased their confidence in their ability to prepare policy briefs. In short, we consider that EVIP-Net met its core objective of training people (44 total) in the preparation of technical documents in order to promote evidence-based public

Finally, some remarks that can be taken into account for the future are warranted.

The workshop EVIPNet was focused on the process of research and development involved in the preparation of a policy brief, a document that can be used to influence decision-making. From our standpoint, this approach stems from the assumption that policy and planning are rational processes and that decision-makers implement policies on the basis of scientific evidence provided to them by policy analysts. This rationalist approach was derided for several decades as unrealistic, as it does take not into account that politics do not work like this and that decisions are not necessarily guided by science and reason. This implies that, for the future, EVIPNet should incorporate a workshop on public policy making, that is, one that teaches participants how ideas or knowledge become program or policy. Although non-governmental actors play an important role in generating governance, it is important to make sure that the government maintains its legitimacy and monopoly on the adoption or rejection of ideas for subsequent conversion into policy. In short, how to transition from the policy brief stage to the policy making stage.

Mass media strategy

Objectives:

Modify cultural norms, myths, and beliefs that foster situations of vulnerability and of increase risk of exposure to all forms of violence, including child mistreatment, sexual abuse, and bullying.

1. Use messages to raise population-wide awareness of high-risk situations and families at risk
2. Support community empowerment, strengthening the knowledge of the population about response capacity and availability of services at institutions, community promoters, and community/health centers
3. Disseminate information from the Observatory among journalists, media professionals, decision-makers, and the general public

Two distinct target audiences for the strategy:

1. Community and health centers and violence prevention promoters
2. Decision-makers, media professionals, and the general public

Topics for prevention and treatment:

Key Subjects

1. Child abuse—with an emphasis on the discipline without spanking, corporal punishment, and psychological abuse.
2. Sexual violence and intimate partner violence—with an emphasis on keeping all relationships violence-free, including dating and others.
3. Youth-on-youth violence—with an emphasis on bullying, gang activity, and another crimes; on working out differences and conflicts without resorting to violence or psychological abuse; and on road safety.

Cross-Cutting Subjects

1. Mental health: reduction of stigma and referral system.
2. Alcohol: association with greater risk of violence and injury.
3. Gender approach: combat stereotypes (e.g. girls are worth less than boys, men are entitled to discipline women, the freedom of women should be restricted, sex is a man's right).

Overall, the strategy was based on trying to affect two aspects: 1) patterns and behavior in the field, by means of art workshops at the community centers. 2) raise awareness among media professionals of the importance of moving coverage of violence beyond the traditional police blotter format, by means of a workshop. 3) Give an award for professional media coverage.

Two products show the results of the mass media strategy: 1) the works of art or photo journals produced at the community workshops, which were exhibited at Centro Cultural Paso del Norte; and 2) a study that analyzed media coverage of violence. It is difficult to conclude that both products really had any effect and brought about changes in cultural norms and myths. We believe that the specific objective of altering cultural norms cannot be evaluated in the short term, because these changes are long-term and occur imperceptibly.

Taking into account the foregoing conclusion, we recommend that the specific objective of altering norms be reviewed and replaced with something more realistic that can be changed and measured in the short and medium term by means of clear indicators. We recommend that the short-term objective be defined as positioning the VIP Project as a program, product or brand name that it is readily identified by the community (what it is and what it does); in the words of Alberto Concha, a member of the Technical Advisory Committee, this should include dissemination of how the VIP Project has changed the lives of people (e.g. promoters, instructors, target population). The medium-term specific objective should be to conduct a study of the media with indicators that enable observation of the effects of the "Journalism for Peace" workshop on media coverage of violence and of whether this coverage is able to move beyond the conventional police blotter or crime beat format. Longitudinal surveys should be developed and conducted to measure how the perceptions and attitudes of the population has changed with respect to violence (e.g. are better parents, there is less domestic violence, family communication has improved, etc.).

GENERAL EVALUATION
OF THE VIP PROJECT

GENERAL EVALUATION OF THE VIP PROJECT

The goal of the VIP project was to create an intersectoral and multidisciplinary model for violence and injury prevention in Ciudad Juárez that could be replicated in other cities along the U.S.-Mexico border. An additional goal was to generate knowledge and strengthen institutional and community capacity for the prevention of injury and strengthen primary care with an emphasis on mental health and care of victims in the community. The Work Plan Phase-II document (to see Annex 8) provides a general outline of what the VIP project is, of the public health approach, and of an analytical framework constructed from the ecological perspective that incorporates several levels (individual, relational, community, social) of care and risk based, in turn, on the framework of human safety. All VIP project activities and interventions would, in theory, be designed with the purpose of influencing or affecting each level of the ecological model, ranging from the individual (arts and crafts workshops) through the relational (promoters) and community (mhGAP, Teach-VIP), to the social sphere (EVIPNet, Observatory, media workshops), as shown in Figure 9. It is important to link the theoretical frameworks of the ecological model, the public health model, and the human safety model with the interventions that are carried out (see Figure 9). Each intervention should be evidence-based and associated with a conceptual framework.

Figure 9: Conceptual framework of the VIP Project
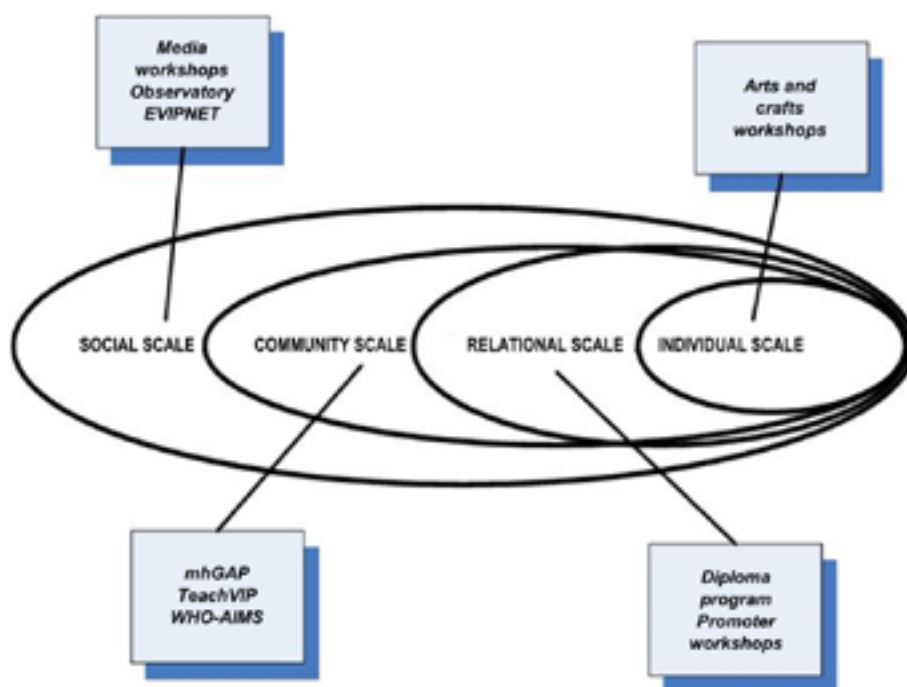
Although these conceptual frameworks are important, they do not provide a clear picture of how each of the activities carried out in support of each objective are interrelated and operate in the sphere of action. Therefore, it is important to conduct a reflection of an inductive or retrospective nature.

In our capacity as evaluation team, we analyze the various components or activities that have been implemented in the field and how these components are articulated in operational terms to further achievement of the general objective. Once a schematic of the operation of the project has been constructed, an analysis of the extent to which it aligns with the aforementioned ecological or public health model of intervention is conducted. This activity is carried out in two stages: 1) first, an analysis of the way in which each objective is related or contributes to the activities and facilitates the achievement of the other two objectives; 2) once the cross-cutting nature of each action has been analyzed in relation to the objectives, a model or diagram that exemplifies the operation of the project in practice is produced.

Cross-cutting relationship among VIP Project actions and objectives

Table 9 shows a matrix of analysis of the actions undertaken for each objective and the way in which these actions are related to or help achieve other objectives within the VIP Project. In this matrix, the arrows indicate the direction of the relationship; e.g. 2 > 1 means that objective 2 helps objective 1.

This matrix enables analysis of complementary relations and coordination among the objectives and, consequently, evaluation of whether individual actions are aligned with the general objective of the program: "to develop a multisectoral and interdisciplinary model for violence and injury prevention (VIP) in Ciudad Juárez that can be replicated in other cities along the U.S.-Mexico border."

Table 9: Cross-cutting matrix of VIP Project objectives

	Objective 1	Objective 2	Objective 3
Objective 1	VIP OBSERVATORY AUTOMATED INDICATORS SYSTEM DO DE INFORMACION	• Disseminate information from the observatory • Strengthen the capacity and human resources of the local actors • Communication and coordination for information exchange	• Dissemination of information from the observatory (Dissemination) • Strengthen the public policy committee of the Observatory • Road safety Policy Brief • Guidance for manuscript writing • Support in the documentation and publication of manuals and guides • Road safety library
Objective 2	1 → 2 • Institutional collaboration • Statistical and cartographic information	ADVOCACY, TRAINING, AND MENTAL HEALTH	3→2 • Documentation and production of publications • Dissemination • Support for the mental health Policy Brief • Mental Health library and VIP • Training of health care professionals and promoters
Objective 3	1→3 • Publications • Policy brief on road incidents • Statistical and cartographic information	2→3 • Link between promotion of mental health and violence prevention • Identification of investigators for the preparation of Policy Briefs • Training of arts and crafts instructors in mental health and violence prevention	DISSEMINATION OF EVIDENCE

Objective one focuses mainly on the activities of the VIP observatory and on development and strengthening of the Automated Indicators System (AIS). These activities generated inputs for objective two with regard to institutional collaboration and generation of statistical and cartographic information to facilitate actions geared to the subject of mental health promotion; e.g., provision of statistical information and maps as inputs for workshops and training sessions (maps of the distribution of community centers were generated). Another important aspect is that members of the observatory took part in mental health workshops and awareness-raising sessions so that the technical work of the observatory could include issues of relevance to mental health.

Objective one contributed to objective three in three main categories: publications, policy briefs on road incidents, and statistical and cartographic information. The publications that were produced as a result of the collaboration among observatory activities and collaboration/media were: spatial diagnostics (4 volumes), observatory newsletter, a scholarly article on the observatory, publications on road safety, and an observatory brochure. Furthermore, statistical information and maps were provided for several activities of objective three.

The basic goals of Objective two included the training of mental health promoters. Objective two helped the goals of objective one through three basic activities: dissemination of information from the observatory, strengthening of local human resources capacities (with special emphasis on the workshops given by Alberto Concha, v Kestel, and Franz Vandershueren), communication, and coordination for exchange of information that could be useful to the Observatory, with particular emphasis on those related to agencies in the field of mental health.

Likewise, objective two contributed to objective three by means of the linkage between advocacy of mental health issues and prevention of violence, by identifying investigators suited to the creation of policy briefs, and by training instructors in charge of arts and crafts workshops geared to violence prevention and mental health. This collaboration made possible the creation of community and institutional networks for a community-wide violence prevention campaign.

Objective three focuses mainly on collaboration, mass media, and dissemination of the VIP Project. A variety of activities carried out in furtherance of objective 3 also supported objectives one and two, such as: dissemination of information from the observatory, strengthening of the Observatory's Public Policy Committee, assistance in the development of a Policy Brief on road safety issues, guidance on drafting of a scholarly manuscript published in a special edition of the PAHO journal dedicated to health and human safety, support in the preparation of manuals, and search for materials to build a library on road safety and mental health for use by members of the Observatory.

Is there a VIP intervention model?

One of the driving forces behind the VIP project is a question: Is there a public health intervention model geared to violence and injury prevention? To answer this question, we must first define what constitutes a model. A model is a way of understanding and representing a complex reality in a simplified manner. A model comprises components that are considered key to the intervention process for violence and injury prevention; connections link each component and the manner in which they operate or articulate among one another. The model creates synergies and complementarities between each component, which then operate as a whole.

We conclude that, overall, the VIP Project has limitations that need to be addressed if it is to be consolidated and considered a model for violence and injury prevention. This conclusion is based on a comparison between the conceptual model that was used for project design (the ecological model) as a reference and what we observed in the actual implementation of the VIP.

The ecological model conceived for the VIP Project seeks to affect four scales of human involvement—individual, relational, community, and social. From a broader standpoint, the ecological model consists of six sets of environmental structures (microsystem, mesosystem, exosystem, macrosystem, chronosystem, global system), all of which are relevant. Of these, the microsystem is closest to the individual level, including everyone from one's family to one's neighbors (the middle levels include settings such as the classroom and individuals such as classmates). Taking as a basis this definition of microsystem, we observe that the actions and programs of the VIP Project would have to have impacts at the immediate individual level if it is to be considered aligned with the ecological model. As a result, if an individual impact occurred and two or more environments were not related (family, neighbors), strategies should be reviewed on the basis of the program's underlying model.

Furthermore, the relationship with the human safety model seeks to strengthen the institutions of the State that protect the population and community entities so as to strengthen their involvement and empowerment, which entails working on the social determinants, and is closely related to the ecological model; while the former seeks to be more comprehensive, the latter is limited to a context that is both broad and gradual, under the assumption that full enjoyment of human safety at the individual level is related to one's microsystem, and so on. Results obtained at the personal level—whether capacity building, education, assessment, training—that are not interrelated with other ecological environments are unlikely to have much impact, and achievements at the individual level will have zero impact on society as a whole.

Thus, it is important to consider results from the standpoint of what can be evaluated at the present time, what is expected in the long run, and what can be corrected. Thinking that outcomes on violence rates can be evaluated on the macro or meso scale at the conclusion of the VIP Project is frankly delusional; these are long-term processes that require follow-up and will outlast the temporary nature of the project. What is indeed important is to consider how the project can be improved so as to have an impact at other levels (family, neighborhood, etc.) where its incorporation is feasible and design of programs and interventions is possible. The following section consists of a broader discussion of the design or architecture of the VIP project to provide a more heuristic understanding of the way it works..

Four components were identified as key to the VIP model: 1) the observatory, as a mechanism for institutional governance and provision of supporting information through the AIS; 2) violence and injury prevention by means of training; 3) communication by means of the mass media and scientific publications; and 4) advocacy of mental health through training activities (mhGAP) and health promoters. These components of the model are connected through processes that are required for coordination of interventions and achievement of project objectives: knowledge, creation of a governance mechanism geared to the promotion of the VIP Project in the public agenda, capacity building, and community development. Each process involves specific programs for translation of objectives into concrete actions so as to achieve the desired results or effects. .

Figure 10: Intervention model of the VIP Project

The observatory is the core component, as a mechanism of governance and a knowledge input; it is fed with information from the different actors and agencies, this information is processed (AIS) and generates spatial analyses (maps and statistics) and knowledge on the phenomena of violence, injuries, and mental health; the analysis serves as an input so that the public policy group can promote the agenda that is of interest to the VIP Project by means of networks (EVIPNet) and publications (Policy Briefs).

The mass media has the roles of providing the observatory with information and receiving inputs from the observatory, which are used to articulate a message that can raise awareness of mental health issues among both the people and decision-makers. Workshops (graffiti, modeling clay, photography, and screen printing) and linkages with community centers also articulate actions related to capacity building and community development.

The violence and injury prevention component is articulated with the observatory, fostering involvement of agencies directly and indirectly associated with mental health and law enforcement in the AIS. Training activities (TEACH-VIP, mhGAP, Diploma Program in Public Safety) are also largely focused on the subjects of mental health and violence prevention.

Mental health is another component that articulates with the other three by means of several processes. One is the training of mental health promoters as a social development strategy. Actions and programs are based on the principle that addressing not only the subject of mental health, but also social development, is the best strategy in terms of cost-effectiveness. It is a bottom-up approach, as demonstrated by the following diagram (Figure 10), which clearly shows how mental health interfaces with the other components through training activities and policy briefs.

Figure 10: Mental health model
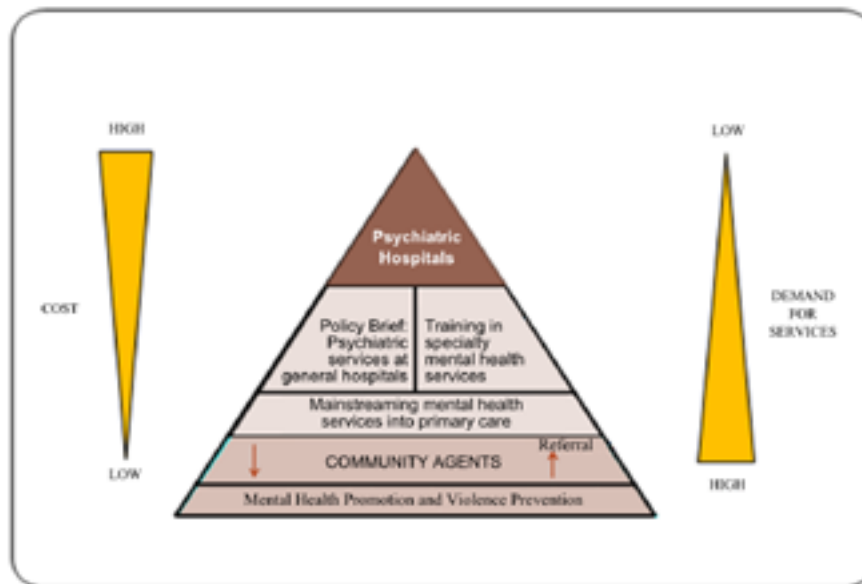
One aspect of the model that bears stressing is the topic of governance, a process that serves as a liaison among all components. Through governance, actors, agencies, and institutions converge around the subjects of violence and injury prevention and mental health. Governance is defined as a shared process whereby the government and its policy-making entities (Secretariats and Departments) are actors whose functions (research, social development, training, etc.) are complemented by other nongovernmental actors.

Overall, we conclude that the VIP Project is in the process of articulating a public health intervention model geared at violence and injury prevention. However, it is important to take the Ciudad Juárez experience as a learning opportunity and, as necessary, recognize its limitations, enabling clearer articulation of the model so it may become an effective instrument for intervention. The following paragraphs provide a reflection on the progress and limitations of the model that result from this intervention.

Some achievements are undeniable, especially regarding the technical capability of the AIS as a mechanism for data collection and validation. Data is a tangible and valuable resource that must be strengthened and, simultaneously, can actually generate resources for the project as a whole. The limitations of the observatory, which have been identified and discussed previously, are fourfold:

1. Improve the Observatory web page so that it reflects more clearly the true capabilities and functionalities of the AIS; its current capacity for data processing is much greater than the website suggests. The website is the VIP Project's main calling card, which means it is important as a communication strategy. Furthermore, use data from the State Attorney's Offices for Murder of the State Prosecutor's Office, which are official and updated.
2. Increase capacity for geo-statistical analysis, as all data are currently treated as discrete variables; that is, there is no generation of surface maps or continuous variables through extrapolation techniques, the results of which would enhance spatial analysis of the phenomenon of violence. In short, incorporate an access variable as a central component of the spatial analysis of violence prevention (e.g. who has better access to safety), mental health (who has less access to specialized mental health care services), etc.
3. Create an analysis tool on a scale that enables generation of relevant information so that Community Centers have a socioeconomic diagnosis of the population they serve while simultaneously enabling longitudinal monitoring of the population so as to evaluate the impact of the implemented programs.
4. Develop indicators that enable monitoring and evaluation of the impact of the VIP Project over time.

Regarding the mass media, the goal is to change perceptions and behaviors and, especially, ensure that the topics of mental health and violence and injury prevention are placed and prioritized in the public agenda. A subject can make its way into the public agenda by a variety of mechanisms. One way to ensure that a topic can no longer be ignored is to lend it social visibility; another way is by means of internal initiatives, whereby a decision-maker raises the subject for debate, or external initiatives, by means of advocacy and pressure groups. The VIP Project was conceived as an advocacy mechanism to raise awareness and educate the population and decision-makers in the subjects that are of interest to the Project. However, the developed communication mechanisms are Policy Briefs and scholarly articles, which are of a more academic nature; these communication channels are important, but their impact as a means of ensuring that VIP subjects make their way into the public agenda is small. Other mechanisms are available and need to be developed, such as executive summaries (designed to communicate a given public policy issue to decision-makers), lobbying, the formation of networks for more effective governance, etc. Efforts in these directions have been made, but we consider their impact to have been marginal. We make the following recommendations:

1. Implement a policy scan activity to identify and document what has been attempted and documented in terms of policies so as to prevent the project from making the same mistakes and help the project replicate what has been successful in the past.
2. It is important that future training of project members address not only policy, but also policy making. It is important to know how an issue (e.g. mental health) is made visible and placed on the public agenda so as to ultimately become program or policy.
3. The mass media are a component of objective three. Therefore, we recommend that a mass media or mass communication strategy that would enable dissemination of the achievements and benefits of the VIP Project be taken into consideration, in order to position it as a brand of projects (e.g. Poverty, Opportunities, etc.) that is readily identified by the community.

Regarding community development, the training of local promoters in mental health and violence prevention is a highly relevant and effective strategy for producing impacts or inducing changes at the personal, relational, and community level. The results of our evaluations show the effectiveness of this activity as a tool for education and prevention. Two issues have been identified: one that can be solved quickly and one that concerns the sustainability of the initiative. The problem that can be addressed quickly concerns the recruitment and profile of promoters (diversification) and the selection of community centers. However, the core problem that affects promotion efforts is that other actors (government, private sector, NGOs, civil society organizations, etc.) have not made the necessary commitments to provide continued support for this activity once VIP Project funds are no longer available. The core question is: what is the likelihood that promotion activities will continue once VIP support is no longer available? The question is how to make VIP Project resources seeds for development, rather than resources that generate dependency. This concern can also extend to the subject of mental health. To increase the impact of the Project on capacity building and community development, we recommend the following:

1. Develop a comprehensive training curriculum that is more effective and efficient. Several training workshops are currently held (MhGAP, TEACH-VIP, Graduate in Safety, etc.) with little articulation and substantial time and resource requirements.
2. Include family-related subjects in training and capacity building activities; this important subject is not currently included. Furthermore, make drug trafficking and organized crime part of the analysis of violence prevention.
3. Develop an instrument that enables follow-up of people impacted by the program so as to evaluate the impact of violence prevention and ascertain whether violence is actually being prevented.

Finally, it is important that we reflect on the synergies that were achieved and ask a key question: are the components of the VIP Project interdependent or can each operate autonomously? Let us assume that a good model should create synergies and interrelationships among its components; otherwise, one can speak of programs or actions, coordinated purposely (or not) and focused on a problem, but not of a model for intervention.

The answer is that the synergies and interrelationships among the different components are weak and need to be strengthened. We have reached this conclusion for the following reasons. We ask the following questions: What is the likelihood that a component of the VIP Project will survive without its financial support? Can that component operate autonomously or does it require the other components? Our conclusion is that, of all Project components, the observatory (and its main product, the AIS) has the greatest likelihood of surviving past the absence of VIP Project support and operating without a need for the other components. We conclude this because the Observatory is backed by an institution (UACJ) and by a human capital (academics and students) that see in the observatory assets they can capitalize upon and from which they can benefit (such as financial support for research, student training opportunities, etc.) regardless of the other components of the VIP initiative. Regarding the mental health component, the State Department of Health had reportedly begun to adopt some of the VIP training strategies in its processes. We need to identify those institutions that can serve as cornerstones and convince them to adopt project components as their own. We should also convince the Department of Public Education of the importance of its involvement in the process to ensure that other spheres of the model (family) are impacted through the children.

Whether training and mass communications can survive by themselves is questionable, as, to date, we have not managed to convince any institutions to regard activities related to these components as an asset; instead, they are often seen as a financial liability or a burden that requires human resources the organization does not have or cannot spare. The main lessons to be drawn from this situation for the future or for replication of the program in other cities are: it is important to reflect on key institutions that become project partners and ensure they take charge of every component and follow up the process; and that, once partnerships have finished, the available support be able to ensure project sustainability.

Summary of the ten alternatives and recommendations

1. Improve the Observatory web page so that it reflects in a clearer way all the capabilities and functionalities of the AIS; its current capacity for data processing is much greater than the website suggests. The website is the VIP Project's main calling card, which means it is important as a communication strategy.
2. Furthermore, use data from the State Attorney's Offices for Murder of the State Prosecutor's Office, which are official and updated.
3. Increase capacity for geo-statistical analysis, as all data are currently treated as discrete variables, that is, that is, there is no generation of surface maps or continuous variables on the basis of interpolation techniques, the results of which would enhance spatial analysis of the phenomenon of violence. In short, incorporate an access variable as a central component of the spatial analysis of violence prevention (e.g. who has better access to safety), mental health (who has less access to specialized mental health care services), etc.
4. Create an analysis tool on a scale that enables generation of relevant information so that Community Centers have a socioeconomic diagnosis of the population they serve while simultaneously enabling longitudinal monitoring of the population so as to evaluate the impact of the implemented programs.
5. Hacer un análisis de lo que existe en términos de políticas públicas que identifiquen y documenten lo que se ha intentado y lo que se ha documentado en términos de políticas para no cometer los mismos errores o replicar lo que se ha hecho de manera exitosa.
6. Develop indicators that enable monitoring and evaluation of the impact of the VIP Project over time.
7. Implement a policy scan activity to identify and document what has been attempted and documented in terms of policies so as to prevent the project from making the same mistakes and help the project replicate what has been successful in the past.
8. It is important that future training of project members address not only policy, but also policy making. It is important to know how an issue (e.g. mental health) is made visible and placed on the public agenda so as to ultimately become program or policy.
9. The mass media are a component of objective three. Therefore, we recommend that a mass media or mass communication strategy that would enable dissemination of the achievements and benefits of the VIP Project be taken into consideration, in order to position it as a brand of projects (e.g. Poverty, Opportunities, etc.) that is readily identified by the community.
10. Develop a comprehensive training curriculum that is more effective and efficient. Several training workshops are currently held (MhGAP, TEACH-VIP, Graduate in Safety, etc.) with little articulation and substantial time and resource requirements.
11. Include family-related subjects in training and capacity building activities; this important subject is not currently included. Furthermore, make drug trafficking and organized crime part of the analysis of violence prevention.

1. Develop an instrument that enables follow-up of people impacted by the program so as to evaluate the impact of violence prevention and ascertain whether violence is actually being prevented.